

Claim form Cancellation Insurance

Europeseche Verzekeringen, Afdeling Reisschade, Postbus 12920, 1100 AX Amsterdam, Telefoon 020 - 651 55 05, Fax 020 - 651 54 20
E-mail: reisschade@europeseche.nl

IMPORTANT :

To expedite rapid processing of your claim it is vital that this form is completed as accurately as possible and that you submit the completed form as well as:

- The original policy. If this was not provided to you separately, then please enclose the booking confirmation/ and invoice.
- The cancellation costs invoice (you have to receive this from your travel agent or tour operator).
- Any other documents which may act as evidence.

1 General data

Please complete this form using information from your policy.

File number _____

Doorlopende annuleringsverzekering

Aflopende annuleringsverzekering

Policy number _____

Insured amount _____

Issued on _____

by _____ at _____

2. A. Insured party

Surname, christian names _____ male female

Street _____

Postal code and Town _____

Date of birth _____

Telephone number home _____ work _____

Profession _____

Bank account number _____ in the name of _____

Name of the bank _____

Do you have objections to correspondence by e-mail? no yes

E-mail address _____

2. B. If a travel companion is not a family member of the insured party then list his/her details below.

Surname, christian names _____ male female

Street _____

Postal code and Town _____

Date of birth _____

Telephone number home _____ work _____

Profession _____

Bank account number _____ in the name of _____

Name of the bank _____

Relationship between A and B _____

3 Only complete this section if cancellation took place due to sickness/accident or death

Surname, christian names of the sick, injured or dead party _____

Street _____

Postal code and Town _____

Date of birth _____

Relationship with the insured party _____

General Practitioner, name, street and town _____

Specialist, name, street and town _____

4 Description illness/accident

- Short description of the nature and seriousness of the illness or the accident. _____
- When did the first symptoms appear, respectively, on which date did the accident occur? _____
- What was the health situation of the person listed under question 2 when the trip was booked or when the rental contract for the holiday home was concluded? _____
- Did the patient have this illness previously?
If so, how often and during which period? _____
- Did the illness/illnesses get worse, for which illness/illnesses he/she sought medical treatment/was being monitored at the time the insurance was concluded? _____

- f. On which date was the first medical treatment sought for this illness/accident? _____

- g. Was the medical practitioner in question aware that you wished to book a trip? _____
- h. When did the need first appear to cancel the trip? _____
- i. Was the trip cancelled on the advice of a doctor, and, on which date was this advice given? _____
 If so, which doctor gave this advice? name _____
 address _____
- j. In your opinion, who is to blame for the accident? _____
 (Enclose documentary evidence) _____

5 Cancellation

- a. On which date was the trip cancelled? _____
- b. At which travel agency was the cancellation made? _____
- c. Name of the travel organisation or tour operator which implements the trip booked. _____
- d. How much did the costs of cancellation amount to? _____

6 Only complete if boat/bus/train or airplane was delayed

(Tickets should be enclosed)

- a. What was the planned time of departure on the outward bound trip? date _____ time _____
 (Enclose ticket)
- b. What was the original time of arrival at the holiday destination? date _____ time _____
 (Enclose documentary evidence)
- c. When did departure actually take place? (Enclose documentary evidence) date _____ time _____
- d. At which time was the holiday destination actually reached? date _____ time _____
 (Enclose documentary evidence)
- e. What was the cause of the delay? _____

7 Only complete if your return journey was made prematurely

(to be completed in combination with question 3)

- a. On which date was the return journey started? (Enclose documentary evidence) _____
- b. Which persons returned? _____

- c. If hospitalisation took place during the trip, what period was covered? _____
 (Enclose documentary evidence) _____

8 Cancellation due to other causes

Please indicate below why the trip was cancelled, when the need to cancel became known, and, when the event which formed the grounds for the cancellation took place. Describe in detail and enclose documentary evidence.

9 Further details

Please indicate if there are any further details which might be important for assessing and settling this claim.

The personal data, supplied upon the application for or for the alteration of this insurance policy are processed by Europeesche on behalf of the concluding and implementation of insurance agreements and/or financial services and the management of the relations ensuing therefrom, including the prevention and suppression of fraud. The code of conduct "Verwerking Persoonsgegevens Verzekeringsbedrijf" (Processing of Personal Data by the Insurance Business) is applicable. You can read the complete text of this code of conduct on the website of the Insurers Union (Verbond van Verzekeraars), www.verzekeraars.nl. Given data may be incorporated in the CIS (Central Information System of insurance companies, active in the Netherlands). The privacy regulations of "Stichting CIS" apply to that registration.

The undersigned declares:

- that to the best of his/her knowledge, he/she has answered the above questions and given the above statements correctly and in accordance with the truth and that he/she has not withheld any information relevant to the damage(s);
- that he/she is submitting this insurance claim and any further information to be provided later to the Europeesche insurance company to determine the extent of the damage(s) and the right to compensation;
- that in case of medical treatment, hospitalisation and or repatriation, he/she will - insofar necessary - offer the medical adviser(s) of SOS International permission to give the relevant medical information regarding the reason and background to the medical adviser of the Europeesche insurance company;
- that he/she has read the contents of this form;
- that he/she is aware of the stipulation that any incorrect statements will render the right to compensation null and void.

 (city)

 (date)

 (signature of the insured)