

## Claim form Travel Insurance

### Important

- Please answer all applicable questions as fully as possible. This will prevent delays in the handling of your claim
- Always send along statements, original bills and other evidence immediately
- Make sure you sign the form after you have in the insurance claim. Unsigned forms will not be dealt with.
- Make sure you always send along the original insurance policy or confirmation of your booking in case of an KORTLOPENDE REISVERZEKERING. We will not be able to handle your claim without this original proof.

### 1 General data

- Kortlopende Reisverzekering  
 Doorlopende Reisverzekering  
 Business Travel Insurance Individueel

- Business Travel Insurance Collectief  
 Tourist Travel Insurance

Policy number/Number confirmation of your booking \_\_\_\_\_

Destination \_\_\_\_\_

Name insurance adviser/ travel agency \_\_\_\_\_

Intended length of travel/stay  
from \_\_\_\_\_ till \_\_\_\_\_

Effective date of the trip \_\_\_\_\_

Date of arrival at destination \_\_\_\_\_

Purpose of the intended trip

- holiday  business  both

### 2 Insured who suffered a loss

Name and initials \_\_\_\_\_  M  F

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Street and number \_\_\_\_\_

Postal code and city \_\_\_\_\_

Telephone number private \_\_\_\_\_

Telephone number business \_\_\_\_\_

Occupation \_\_\_\_\_

IBAN (NL99 BANK 0123 4567 89) \_\_\_\_\_

Do you have objections to correspondence by e-mail?

- Yes  
 No, E-mail address \_\_\_\_\_

Has this damage been reported to SOS International?

- No  
 Yes, in writing/by telephone

Date \_\_\_\_\_

Document nr. \_\_\_\_\_

Have you claimed damages from Europeesche Verzekeringen before?

- No  
 Yes, in \_\_\_\_\_

### 3 Date and definition of the damage/accident

City/country

Date of damage

Definition (if necessary you can add a separate page)

### 4 Kind of claim

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> Luggage   | > Complete questions 5 and 9 |
| <input type="checkbox"/> Medical expenses resulting from illness or accident             | > Complete questions 6 and 9 |
| <input type="checkbox"/> Additional expenses of travel and accommodation                 | > Complete questions 7 and 9 |
| <input type="checkbox"/> Additional expenses resulting from the breakdown of the vehicle | > Complete questions 8 and 9 |

### 5 Luggage

#### 5.1 Damage

(Please enclose the original damage report and original tickets.)

a. What is the nature of the damage?

\_\_\_\_\_

b. Has the damage been assessed by an expert?

No  Yes, by

c. If so, what was his opinion?

\_\_\_\_\_

d. Where is the damaged luggage now?

\_\_\_\_\_

e. In case of damage during transport by plane/ bus/ train: Have you reported the damage to the relevant transport company?

Yes, at

No, because

\_\_\_\_\_

#### 5.2 Theft / Loss

(Please enclose any original proof)

a. Where and when did you last see the luggage?  
City

Date

Time

b. When did you detect the theft/loss?

c. Where were you at the time of the theft?

d. What precautions did you take to prevent theft?

e. Have you reported the theft to the police or any other?

Yes, at (Please enclose any original proof)

No, because

f. Have you taken out any (partial) luggage insurance elsewhere?

No  Yes, at

Policy number

\_\_\_\_\_

## 5 Luggage (vervolg)

### 5.3 Theft from a vehicle

a. Brand, model and registration of the vehicle

\_\_\_\_\_

b. Where exactly did you store the luggage?

\_\_\_\_\_

c. Could the luggage be seen from the outside?

\_\_\_\_\_

## 6 Illness and Accident

6.1 Nature of the illness/disorder/injury

\_\_\_\_\_

6.2 Did you already suffer from this illness/ disorder/ injury before you started your journey?

No

Yes, name and address of your doctor

\_\_\_\_\_

6.3 When and where (city and country) did you call in medical care for the first time?

\_\_\_\_\_

6.4 Name and address of your family doctor

\_\_\_\_\_

6.5 What is the name of your Health Insurance Company?

Registration/policy nr.

City

Additional insured?

Yes  No

6.6 Does the insurance include any deductible?

No

Yes, the deductible is € \_\_\_\_\_

## 7 Additional expenses of travel and accommodation

7.1 Cause of additional travel/accommodation expenses

\_\_\_\_\_

7.2 In case of illness or accident: Did you set out on your return trip at the advice of a doctor?

Please enclose the doctor's statement

No  Yes, name and address of the doctor

\_\_\_\_\_

7.3 When and how did you travel back and what additional expenses did you pay for this?

\_\_\_\_\_

7.4 What is the amount of additional accommodation expenses?

\_\_\_\_\_

## 8 Additional expenses resulting from the breakdown of the vehicle

**8.1 Brand, registration, model, year of construction of the vehicle**

**8.2 What is the cause of the damage?**

**8.3 What is the nature of the damage?**

Where and when was it caused?

**8.4 When and to what company did you take your vehicle to be repaired?**

**8.5 Was reparation possible within 2 days?**

- Yes  
 No, because

**8.6 What is the name of your car (bodywork) insurance company?**

Company

Policy number

- liability Insurance  limited bodywork insurance  
 bodywork insurance

**8.7 Name and address of the opponent and do you hold this party responsible?**

**8.8 Has an official report been made?**

- No  
 Yes, by

**9 List of the damaged, stolen or lost objects** PLEASE ENCLOSE ORIGINAL BILLS AND PROOF

**Luggage Claim**

Definition	Price of purchase €	Date of purchase	Bought at	Costs of repair €
_____	€ _____	_____	_____	€ _____
_____	€ _____	_____	_____	€ _____
_____	€ _____	_____	_____	€ _____
_____	€ _____	_____	_____	€ _____
_____	€ _____	_____	_____	€ _____
_____	€ _____	_____	_____	€ _____
_____	€ _____	_____	_____	€ _____
_____	€ _____	_____	_____	€ _____
_____	€ _____	_____	_____	€ _____
_____	€ _____	_____	_____	€ _____

**Illness or accident**

Expenses	Have you already paid these expenses yourself?	
_____	€ _____	<input type="checkbox"/> Nee <input type="checkbox"/> Ja
_____	€ _____	<input type="checkbox"/> Nee <input type="checkbox"/> Ja
_____	€ _____	<input type="checkbox"/> Nee <input type="checkbox"/> Ja
_____	€ _____	<input type="checkbox"/> Nee <input type="checkbox"/> Ja
_____	€ _____	<input type="checkbox"/> Nee <input type="checkbox"/> Ja
_____	€ _____	<input type="checkbox"/> Nee <input type="checkbox"/> Ja
_____	€ _____	<input type="checkbox"/> Nee <input type="checkbox"/> Ja

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](http://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 \_\_\_\_\_