

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 Indivueel

- 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

Do you have objections to correspondence by e-mail?

Date of birth _____

Yes

Nationality _____

No, E-mail address _____

Street and number _____

Has this damage been reported to SOS International?

Postal code and city _____

No

Yes, in writing/by telephone

Telephone number private _____

Date _____

Document nr. _____

Telephone number business _____

Have you claimed damages from Europeesche Verzekeringen before?

Occupation _____

No

Yes, in _____

IBAN (NL99 BANK 0123 4567 89) _____

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 clame

- | | |
|--|------------------------------|
| <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

We file the information regarding this claim and your personal data with the Central Information System Foundation of insurance companies operating in the Netherlands (CIS). It makes no difference whether the claim arose through your fault. We do so in order to control risks and combat fraud. More information and the privacy regulations can be found at www.stichtingcis.nl.

If permitted by law, we have the right to exchange the information required for the services with your advisor. We also engage other companies to perform services for us, which services are related to the insurance contract. Such as a loss adjustment agency. We lay down agreements with these parties in order to guarantee your privacy. We remain responsible for processing your data.

If we process information concerning your health or your criminal history, we will comply with the rules that apply in this regard. We may require your consent to do so in some cases.

The undersigned declares:

- that the information I have entered above is correct and true. And that I have not withheld any particulars concerning this claim.
- that I provide this claim form and any additional information to Europeesche Verzekeringen for the purpose of determining the scope of the claim and the entitlement to payment.
- that Europeesche Verzekeringen may request information about my claim history and insurance history from other insurers and advisors.
- 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

Stuur uw ingevulde schade-aangifte naar VAB. Ter attentie van Klantenbetalingen Europeesche, Pastoor Coplaan 100, 2070 Zwijndrecht België.
Of mail naar klantenbetalingeneuropeesche@vab.be Heeft u een vraag? Bel ons op +32 3 210 71 39. Mail ons via remboursementeuropesche@vab.be