

Claim form Cancellation Insurance

Important:

To help 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 invoice (you must 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.

Doorlopende Annuleringsverzekering

Kortlopende Annuleringsverzekering

Policy number _____

Issued on _____

File number _____

Insured amount € _____

by _____

at _____

2 Insured party

2. A Insured party

Surname, first name _____

M

F

Telephone number home _____

Date of birth _____

Telephone number work _____

Street _____

IBAN (NL99 BANK 0123 4567 89) _____

Postal code and Town _____

Do you have objections to correspondence by e-mail?

no yes

Profession _____

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, first name _____

M

F

Profession _____

Date of birth _____

Relationship to the insured party _____

Street _____

IBAN (NL99 BANK 0123 4567 89) _____

Postal code and Town _____

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

Surname, first name of the ill, injured or deceased party

General Practitioner, name, street and town

Date of birth

Street

Specialist, name, street and town

Postal code and Town

Relationship to the insured party

4 Description illness/accident

a. Short description of the nature and seriousness of the illness or the accident.

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

b. When did the first symptoms appear, respectively, on which date did the accident occur

g. Was the medical practitioner in question aware that you wished to book a trip?

c. 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?

h. When did the need to cancel the trip first appear

d. Did the patient have this illness previously?

no yes

If so, how often and during which period?

i. Was the trip cancelled on the advice of a doctor? If so, on which date was this advice given and which doctor gave this advice?

no yes

Name of doctor:

e. For which illness/illnesses did he/she seek medical treatment or was he/she being monitored at the time the insurance was concluded?

j. In your opinion, who is to blame for the accident? (Enclose documentary evidence)

Did the illnesses get worse?

no yes

5 Cancellation

a. On which date was the trip cancelled?

c. Name of the travel organisation or tour operator which implemented the booking.

b. At which travel agency was the cancellation made?

d. How much did the cancellation cost?

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?

(Enclose ticket)

date _____
time _____

b. What was the original time of arrival at the holiday destination?

(Enclose documentary evidence)

date _____
time _____

c. When did departure actually take place?

(Enclose documentary evidence)

date _____
time _____

d. At which time was the holiday destination actually reached?

(Enclose documentary evidence)

date _____
time _____

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 did the return journey start?

(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.

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