



Europeesche Verzekeringen, Afdeling Reisschade, P.O. Box 12920, 1100 AX Amsterdam, Telephone 020 - 651 55 05 Fax 020 - 651 54 20
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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 filled 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 AFLOPENDE REISVERZEKERING. We will not be able to handle your claim without this original proof.

1 General data

Aflopende Reisverzekering
 Doorlopende Vakantiereisverzekering
 Doorlopende Zakenreisverzekering
 Business Travel Insurance

Effective date of the trip _____ Date of arrival at destination _____
 Destination _____ Intended length of travel/stay: from _____
 Purpose of the intended trip holiday business both till _____

Policy number/Number confirmation of your booking: _____
 Name insurance adviser/ travel agency: _____

2 Insured who suffered a loss

Name and initials _____ male female
 Street and number _____
 Postal code and city _____
 Date of birth _____ nationality _____
 Telephone number private _____ business _____
 Occupation _____
 Bank account _____ in the name of _____
 Do you have objections to correspondence by e-mail? no yes
 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

Date of damage _____ City/country _____
 Definition _____

 _____ (if necessary you can add a separate page)

4 Kind of claim

Luggage > Complete questions **5** and **9**
 Medical expenses resulting from illness or accident > Complete questions **6** and **9**
 Additional expenses of travel and accommodation > Complete questions **7** and **9**
 Additional expenses resulting from the breakdown of the vehicle > Complete questions **8** and **9**

5 Luggage

5.1 Damage

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 _____

Please enclose the original damage report and original tickets.

5.2 Theft / Loss

a. Where and when did you last see the luggage? date and time _____
 city _____
 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 _____
 no, because _____

Please enclose any original proof

f. Have you taken out any (partial) luggage insurance elsewhere? no yes, at _____ policy number _____

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? no yes
 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? no yes, name and address of the doctor: _____
Please enclose the doctor's statement
 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			Illness or accident		
Definition	Price of purchase	Date of purchase	Bought at	Costs of repair	Expenses	Have you already paid these expenses yourself?

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)