



CANCELLATION / TRAVEL CURTAILMENT CLAIM FORM

POLICY NUMBER(S): DL246775

(complete in block letters) please provide additional data on blank paper including the claimant's name, address and policy number.

AGENT

Incomplete forms will not be processed and will be returned.

1. PERSONAL DATA	<input type="checkbox"/> man <input type="checkbox"/> woman
family name and first names of the claimant	-
address	-
postal code and city	-
telephone / e-mail address	-
date of birth	-
occupation	-
giro / bank account number in the name of	- NL86ABNA0592729540
2. TRAVEL PERIOD	
on which date were you scheduled to travel,	-
or for which period have you rented	-
3. CLAIM	
on what event/circumstance do you base this	-
claim	-
in case someone other than you is concerned, please	
indicate your family relationship and the complete name	
and address of the person concerned.	-
	-
	-
whose advice did you follow to cancel the travel	-
what was the health condition of the person	
involved and was he/she submitted to frequent medical	
treatment at the moment of reserving the trip or when	
entering into the lease of the holiday home	-
If so, since when	-
who is the doctor concerned	-
please include name, address, city and	
telephone	-
	-
	-
who is the general practitioner?	-
please include name, address, city and	
telephone	-

4. CANCELLATION DUE TO ILLNESS

- what illness(es) caused the cancellation -
- illness date -
- since when does the person suffer from this illness -
- if so, how many times and during what period deterioration of the illness(es) has been noticeable for which he/she was treated or monitored at the time of taking out the insurance -
- when has the person contacted the doctor in relation to such deterioration -

5. CANCELLATION DUE TO ACCIDENT

- what is the nature of the incurred injury/injuries -
- in your opinion, who is to blame for the accident (please submit supporting documentation) -
- when did the accident occur -

6. TRAVEL CURTAILMENT

- on what date have you interrupted your travel (please enclose flight ticket, travel ticket or other travel documentation) -
- why have you interrupted your travel if hospitalization occurred during the holiday period, in what term did this occur (please submit supporting documentation) -

7. GENERAL, REGARDING BOTH ILLNESS AND ACCIDENT

- what was the total travel or rental amount (please enclose reservation invoice) -
- what amount, partial/complete, have you paid (please enclose invoice) -
- on what date have you cancelled your travel/lease have you previously submitted a request for partial / complete refund of the travel amount or lease paid -
- in case refund has already been determined or received, what was the amount determined or received (please enclose confirmation) -
- on what date did you have to interrupt the already initiated travel (please enclose supporting documentation) -

8. CONCLUDIING

- please describe the complaints and / or the progress of the illness for assessment by our medical adviser -

9. DECLARATION

The undersigned represents herewith that the above information is true and complete and supplied without any reservation and that he / she is aware that non-compliance will result in loss of claims to any benefits included in the policy.
 The undersigned furthermore declares that the insurer's medical adviser is authorized to obtain information, medical reports and data from doctors as mentioned under Item 3 of this Claim Form regarding the submitted claim.
 The doctors as mentioned under Item 3 are authorized to provide the medical adviser with the requested information.

Signature:

City:

Date: