



Claim form for **(Business) Travel Insurance**

Instructions:

* An Incomplete claim form will not be processed and shall be returned.
 * You should first submit the medical bills to your health insurance company.
 (Please fill in the form using block letters, if necessary continue using a separate paper. On top of this paper the policy number must be mentioned)

Policy number: DL246775

Personal data:

Person involved:

Address:

Area code: Town/city:

Date of birth: Sex: male female

BSN-number (formerly "sofi-number"): Civil status: married unmarried

Occupation: fulltime parttime

Telephone number: Mobile Phone no:

IBAN-number: NL86ABNA0592729540 E-mailaddress:

At which date did your journey began?

What was the intended travel period?
 (please enclose travel documents)

What kind of journey was it? business study vacation

How many family members went on travel with you?

1. Accident

Where did the accident happen?
 (full address)

When did the accident happen? Date: Time:

In which municipality?

Detailed description of the occurrence leading to claim and mention of the Cause of the accident:

Nature of the accident:

2. Illness

Date and nature of illness: Date: Nature:

Did the insured suffered from the same complaints before? Yes No

If so, when? Time surfaces:

Was the insured under medical treatment at the moment the journey began? Yes No

Name and address of the GP / specialist:

3. General, for accidents and illness

On which date a doctor was consulted Date:

What was the name of the doctor: Name doctor:

Name of your health insurance company? Name: Policy number:

Do you have an other accident insurance? Name: Policy number:

Do you have a circular letter of credit? Yes No Number:

Can anyone be blamed for the event? Yes No

Name en address:

4 . Extra costs due accident, illness or extraordinary costs

Hotel costs:	€
Travel costs to medicalcentre:	€
Travel costs to home address:	€
Telephone costs:	€
Other costs:	€

Why were these costs necessary?

5. Specification of the medical expenses (please submit reimbursement letter from health insurance)

Description	Bill from	Amount
		€
		€
		€
		€
	Total	€

6. Travel Luggage (enclose invoices)

Directions in case of damage to or loss of luggage:

- In case of damage due to or during transport by rail, boat, airline or bus the damage needs to be reported (P.I.R.)
- In case of stolen or lost luggage a report must be obtained by local police or by the hotel management.

Date and time of the event:	Date:		Time:	
Place and country of occurred event:				
Full description of the event:				
In case of theft from cars: in which compartment were the goods placed?				
Who were present at the event?				
Where was the event reported?	<input type="checkbox"/> Police	<input type="checkbox"/> Hotel	<input type="checkbox"/> Elsewhere:	
Name of police officer, hotel employe:	name and address:			
Is the luggage insured elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name and policynr: _____	
Are valuables insured separately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name and policynr: _____	
Who is the owner of the insured objects?				

Details of the damaged and/or lost objects:

Description	Purchase date	Purchase cost	Supplier	Repair cost or claim amount	Characteristics
		€		€	
		€		€	
		€		€	
		€		€	
(please enclose original purchase receipts)			Total	€	

P.S. We may request the damaged item(s) to be sent to us so please keep it/them.
PLEASE SEND US A COPY OF YOUR CERTIFICATE OF INSURANCE

Declaration

The undersigned herewith declares that all foregoing information is in all respects true and handed over unconditionally.

The personal data, supplied upon the application for or for the alteration of this insurance policy are processed by W.A. Hienfeld B.V. 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.

Signing

Date:	Signature Involved/interested person: (In case of minority parent/guardian	Signature Policyholder:
Place:		