

General claim form.

This claim form may be sent to:

ACE Europe

Avenue des Nerviens 9-31, bte 7, 1040 Brussels, BELGIUM, tel +32 2 516 97 83, fax +32 2 516 97 82.

Nature of claim:	Accident/illness:	Yes / No					
	Liability:	Yes / No					
	Luggage:	Yes / No					
	Extraordinary costs:	Yes / No					
1. Policy number:		E-mail address:					
Name and initials:			_ Woman / Man				
Address:							
Postcode:		Town/City:					
Telephone:	Date of birth:						
Bank or post office giro account number:							
· ·							
2. Are you insured elsewhere against this damage or loss? Yes / No							
If so, Company:	Policy number:						
3.a. When did the damage/loss/accident/illness occur ? Date:							
	Time:						
b. Place:							
c. Cause:							
d. Circumstances (if necessary, enclose a diagram and/or explanation of the situation on the back of this form)							
To which police office was the incident reported ?							
Police report number:							

company, etc.) In your opinion can the damage or loss be recovered from a third party? Yes / No If so, Name: Address: Telephone: ____ Why did you feel that the damage or loss can be recovered from that person? Where is that person insured? Company: Policy number: What is that person's relationship to yourself? 4. To be completed only in case of accident or illness. Date and circumstances of the first symptoms/signs of illness/accident? Description of the injuries or complaints: When was the first medical assistance provided? Name of party providing assistance: Address: Are you still being treated? Yes / No Name of attending:

Please enclose the statement made (where appropriate from the hotel, camping site, transport

Address:							
Were you referred to a specialist ? Yes / No							
If so, whe	so, when ? To whom ?						
Have you	previously s	suffered from the same compla	aints? Yes /	No			
If so, on w	vhat date?	Mention the last time:					
Enclosure	Bill dated.	Name of specialist/pharmacy	Amount in foreign currency	Amount in euro's	Reimbursement from state medical insurance agency or medical expenses policy		
1. 2.							
3.							
4. 5.							
6.							
7.							
8. 9.							
NB: You should send the original bills for all costs incurred.							
5. To be completed only in the case of luggage claim.							
Details of	damaged a	nd/or lost objects.					
Purchase date: Purchase cost:			_ EUR				
Estimate of damage/loss:		EUR					
Please enclose purchase invoices.							
Can the damage be repaired ? Yes / No							
If so, for how much ? EUR							
Where are the damaged objects ?							
Where and when can the damage be assessed?							

6. To be completed only in the case of assistance and/or extraordinary costs.					
a. What do these costs consist of ?					
b. Why were these costs necessary?					
The necessity hereof should be evidenced by a doctor's note.					
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Ltd.					
The undersigned declares:					
 that he/she answered the above questions and provided the above particulars accurately, truthfully and to the best of his knowledge, and that he/she has not withheld any particulars relating to this claim; 					
• that he/she submits this claim form and any additional information to the insurer for the purpose of determining the extent of the damage or loss and the entitlement to benefit;					
• that he/she has taken note of contents of this form.					
The undersigned also hereby authorises the medical advisor of ACE Europe to obtain any desired information from attending physician(s). Said physician is also hereby authorised to provide any information relating to this claim.					
Place: Date:					
Signature:					