

### Personal details of the person for whom the costs were incurred:

Name: .....  
Address: .....  
Postcode/city: .....  
Policy number: .....  
Date of birth: .....  
IBAN: .....  
Signature: .....

Open on weekdays between 8.00 and 17.00 hours

The claim is in relation to: ☐ visiting costs  
☐ travelling expenses for: ☐ admission ☐ dismissal  
☐ treatment ☐ examination  
☐ other,

viz.: .....

Type of transport used for travelling:  
☐ private transport  
☐ public transport  
☐ taxi  
☐ other, viz.: .....

Transport by taxi and/or a kilometre allowance is supported by medical grounds:  
☐ yes (include doctor's certificate)  
☐ no

On the dates below I visited .....

for: ☐ admission ☐ dismissal ☐ examination ☐ treatment:


Include hospital, specialist's or doctor's certificates for the above dates. Continue overleaf if insufficient space.

HollandZorg must have received a transport request before we can accept your claim.

