

## Claim Form Travel Accident and Travel Luggage Insurance

ES02.3

Policy number(s)	
Please complete in block letters. Include any additional inform	nation on a blank sheet of paper, quoting the insured party's name, address and policy number.
Claim forms that have not been completed in full will not be If the costs of medical treatment and/or repatriation are also	dealt with and will be returned. insured elsewhere, please submit the invoices to your own medical expenses insurer.
1. Policy-holder	
Surname and initials	
Gender	☐ Male ☐ Female
Address (not a P.O. Box)	
Postcode and town/city	
Telephone	
Email address	
Date of birth	
Occupation	
IBAN	
Date of departure	
What was the intended duration of the trip (please provide supporting documents)	
Travel destination(s)	
Was this a	Business trip Educational trip Holiday trip
How many family members accompanied you on the trip	
2. Accident	
Date of the accident	
How did the accident happen	
What caused the accident	
Nature of the injury	
Cause of death	
Who were present at the accident (Give the names and addresses of witnesses)	
Was an official police report drawn up	☐ Yes ☐ No
If so, which police station and which municipality	у





3. Illnes	ss		
Date t	nat the illness started		
Nature	of the illness		
Has th	e insured party suffered from this illness in the past	No	Yes, during (periods of time)
	commencing date of the holiday trip, e insured party undergoing medical treatment	Yes	☐ No
Name/	address of the doctor/specialist		
1 Cono	ral, both for accident and for illness		
	tity and country where the loss event occurred		
On wh	ich date and from which doctor did you receive the		
initial	medical assistance		
	ch insurance company are you insured for medical expenses provide the full address and policy number)		
Do you	u have accident insurance elsewhere	□No	Yes, at (insurance company and policy number)
Can so	meone be blamed for the incident	No	Yes, who
5. Extra	costs in the event of illness, accident or brea	kdown	
Hotel 6	expenses	€	
Travel	costs for hospital visit	€	
Travel	costs to return home	€	
Teleph	one costs	€	
Other	costs	€	
Please	provide an explanation regarding these incurred costs		



6. Specification of medical costs in the event of both accident and illness

ECU2 2

(include the medical expenses insurer's rejection)		
Description	Invoice from	Amount
		€
		€
		€
		€
		€
	Total	€
	Will more invoices follow?	Yes No
		el management.
. Travel luggage		
Date and time of the incident		
Town/city, country where the incident happened		
Full description of the loss event		
In the event of theft from the car where were the goods stored		
Who were present at the incident		
Where and when was the theft reported		
Police, name of the reporting officer		
If the loss occurred at a hotel Did you report the loss to the hotel management	Yes If possible enclose evidence	
	No, because	
If the loss occurred during travel by boat/train/b		
Did you report the loss to the carrier	Yes, the carrier confirmed the loss. Please enclose a carrier yes, but the carrier did not report the loss,	
	because	
	☐ No, I have not reported the loss,	
	because	
Is the luggage insured elsewhere	☐ No ☐ Yes, at (insurance company)	





Are valuables insured on a separate policy No Yes, at (company and policy number) Information concerning the missing or damaged goods Description Purchase date Purchase price Supplier Costs of repair Special features or amount of the claim € € € € € € € € € (Enclose original purchase receipts, no copies.) Total |€ Please retain the damaged goods for possible appraisal. Please enclose a copy of the policy or proof of insurance. In case of theft or loss

- If you still possess the original purchase invoice(s) of the lost item, please enclose.
- If you no longer possess the original purchase invoice(s) of the lost item, please indicate the original purchase date and purchase amount. Could you also indicate type and brand if relevant?

## In case of damage

- If you have a repair estimate, please enclose.
- If possible, we would like to receive a photograph of the loss or damage.

This can also be sent by email to info@meijers.nl. Please indicate your name policy number and name of your employer.

- If you still possess the original purchase invoice, please enclose a copy.
- If you do not possess the purchase invoice, please give an indication of the original purchase date and purchase amount.

## 8. Concluding Statement

By signing below, the undersigned declares that the information above has, in every respect, been provided truthfully and in full without

reservation and that he or she is aware that breach of this can result in a loss of rights to any payment under the policy.				
Signature				
Town/city	Date			
	Signature			
	Signature			

Digital submission Save this filled-in form and attach it to an e-mail to info@meijers.nl