



Nature of claim

Accident or illness

Liability

Luggage

Emergencies

PERSONAL DATA

Policy number

Insurance period from to

Name and initials

Date of birth

Address

City

Postcode

Telephone

Country

IBAN account

Name of account holder

Email

Damages

When did the damages occur?

Place

Circumstances and description of damages (add diagram if necessary)

Did you report the incident to the police?

Yes/No

At which police post?

Recovery

Can the damages be recovered from a third party?

Yes/No

If so, please fill in the detail

Name and initials

Telephone

Address

Why do you assume the damages can be recovered from this person?

Where is this person insured?

Insurance company

Policy number

Your relationship to this person?

Accident or illness

Date and descriptions of symptoms

Description of injuries or complaints

When was the first medical assistance provided?

Name of party providing assistance

Address of party providing assistance

Are you still being treated?

Yes/No

Name of attending physician

Were you referred to a specialist?

Yes/No

To whom?

Invoices

Name specialist

date of invoice

amount(euro)

foreign currency

-

Enclose original invoices otherwise we cannot handle your claim!

Assistance and emergencies

Describe the costs

Tell why you had to make these costs

Luggage declaration

Description of goods

Purchase costs (Euros)

Estimate of damage/loss (Euros)

Purchase date

Enclose original invoices otherwise we cannot handle your claim!

Can the damage be restored?

Yes/No

If yes, for what amount?

Where are the damaged goods right now?

Where and when can the damaged goods be assessed?

We are able to consult your claim- and insurance data and register at the Stichting CIS (Central Information System of insurance companies operating in the Netherlands).

This procedure is meant to manage risks and prevent fraud. More information and the privacy rules can be found on www.stichtingcis.nl

The undersigned declares:

That he/she has answered the above questions and provided the above particulars accurately, truthfully and to the best of his/her 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 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 InsureToStudy to obtain any desired information from the attending physician(s). This said physician is also hereby authorised to provide any information relating to this claim.

Signature insured

Date

Place