



To enable us to handle your claim more quickly, please:

- complete the form as fully and clearly as possible
- enclose any relevant documents, such as original supporting documents and receipts.

If you need more space, use an additional sheet of paper. Number of additional sheets:

Policyholder details

	initials	infix		
Name			M	F
	surname			
Address	street name			number
	postal code		town / city	
Date of birth	day	month	year	Nationality
Telephone				Mobile
E-mail				
Profession				
International Bank Account Number (IBAN)				

If the account holder's name and/or address differs from those of the above-mentioned policyholder, please enter the following details.

Surname postal code house number

To be completed by the intermediary

Agent number

Information about claim? yes no

Name of agent

Town / city

Bank account no. / IBAN



Cancellation insurance claim form

Details of claim

Date of cancellation day month year

If you were already travelling, date of return to the Netherlands day month year

Did you resume travelling afterwards? If so, on what date? day month year

ANWB Emergency Centre notified? yes no File no.

The remainder of this form is in two parts:

A. general data (to be completed in all cases)

B. to be completed in the case of cancellation because of illness, accident, death or pregnancy.

Part A

Reason for cancelling or cutting short the trip.

- | | |
|---|---|
| illness | allocation of rented accommodation / home purchase |
| accident | vehicle involved in an accident before departure date |
| death | divorce/dissolution of cohabitation agreement |
| accommodation problems with family abroad | resitting exams |
| pregnancy | refusal of visa |
| inoculation problems | adoption of a child |
| damage to property | donor organ |
| damage to reserved accommodation | loss of travel documents on day of departure |
| damage to private vehicle during the trip | illness/accident/death of pet |
| loss of employment | other cause |
| getting a job after being unemployed | |

departure delayed by (hours)

Confirmation from the airline company enclosed? yes no, because

Part A (continued) further information about reason for cancellation (to be completed in all cases)

Was the entire trip booked through a single travel agency? yes no

Have you got back all or some of the cost of your trip or will you get it back? yes no

Insured cost of the trip € Cost of the trip reimbursed €

How much are the cancellation charges? €

Invoice or other supporting documents enclosed? yes no, because

You can ask for the travel agency or landlord for the invoice after cancellation.



Cancellation insurance claim form

Part B (to be completed in the case of cancellation because of illness, accident, death or pregnancy)

Name and address details of the person who caused the cancellation.

Name M F

Address

Date of birth

Was the person concerned a member of the insured travelling party? yes no
Is this person related to the policyholder (as entered on the first page) or the other fellow-travellers? yes no

If so, to whom, and what is the relationship?

If not, is this person an authorized agent? yes no

In the case of illness or accident, please complete the following six points. Our medical advisor needs this information.

1. Who decided that the trip should be cancelled?

2. Nature of the injury or illness.

3. What medicines were prescribed?

4. Description of the symptoms that led to the cancellation of the trip.

5. Date of accident or initial appearance of the symptoms.

6. Name address of the family doctor of the person concerned.

In the case of death

What was the date of death



Cancellation insurance claim form

Your details will be registered with Stichting CIS in Zeist. The purpose of this is to manage the risks and prevent fraud (see www.stichtingcis.nl). We are a member of the Verbond van Verzekeraars (Dutch Association of Insurers) and we are bound by the Gedragscode Verwerking Persoonsgegevens Financiële Instellingen (Code of Conduct for the Processing of Personal Data by Financial Institutions) (see www.verzekeraars.nl).

Combatting fraud

In our interests and yours we check the veracity of every claim. We need to do this so as to continue offering this policy in the future and keep it affordable. If there is evidence of fraud, there are a variety of measures we can take, such as:

- not honouring the claim
- terminating the policy
- reporting the fraud to Stichting CIS.

Always enclose

- Reservation and cancellation invoices
- Copy of policy schedule or other proof of premium contribution
- Supporting documents such as
 - confirmation of hospital admittance
 - mourning card
 - proof of registration and rental agreement or of purchase of home
 - copies of letters about job loss or getting a job after being unemployed
 - copies of letters about institution of divorce proceedings or dissolution of cohabitation agreement
 - pregnancy declaration.

Submission

The claim form and any enclosures should be sent to your travel agency. We advise you to keep copies of any documents enclosed.

Reply

You will get a reply from us within ten working days.

The undersigned certifies that:

- he/she has taken cognizance of this form and has completed it truthfully
- all the requested data has been enclosed with this form and any missing data will be sent as soon as possible. When all the information has been received the full extent of the claim and the right to reimbursement can be established.

day month year

Date

Signature