



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: \_\_\_\_\_

Type of travel insurance

Multi-trip [policy number] Single-trip policy concluded on [day month year]

Single-trip [policy number] Claim no. if known [ ]

Policyholder details

Name [initials] [infix] [ ]  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]

ANWB membership number [ ] Road Services, Europe Service  yes  no

To be completed by the intermediary

Name of agent [ ]

Information about claim?  yes  no

Name agent [ ]

Town / city [ ]

Bank account no. / IBAN [ ]



# Travel insurance claim form

## Details of claim

Journey start date  day  month  year

Date of occurrence  day  month  year  Time of occurrence  hour

Town / city

Country

### The claim relates to

- loss / damage   
  illness\*   
  death\*   
  strike   
  vehicle breakdown - mechanical   
  natural disaster  
 accident\*   
 theft / robbery   
 vehicle breakdown - accident   
 non-availability of holiday accommodation

\*If the claim relates to illness, accident or death, please answer the questions below.

family - which family member?

authorized business agent     close friend     pet

### In the case of death:

What was the date of death?  day  month  year

ANWB Emergency Centre notified?  yes  no    file no. (if known)

Notification given to police or carrier?  yes  no, because

Report enclosed?  yes  no

## Part A (to be completed in all cases)

Name and date of birth of any travelling companions	Date of birth
<input type="text"/>	<input type="text"/> day <input type="text"/> month <input type="text"/> year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

What happened? Give an accurate description of the occurrence. If you need more space, use an additional sheet of paper.



# Travel insurance claim form

## Part B Baggage/Valuables/Money/Liability

In addition to this policy, do you have any other insurance policy under which this claim might be covered? If so, please submit the claim there.

Do you have other insurance policies elsewhere?  no

- yes, for  caravan  home contents  jewellery  cameras  
 mobile devices  caravan contents  surfboard  telephone

Name of company [ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ]

Policy number [ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ] Claim submitted there?  no  yes

Have you ever made a travel insurance claim?  no  yes Date [ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ]

Name of company [ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ]

### Theft

Was the theft from a vehicle?  yes  no, go to "Description of damage/lost property"

Vehicle manufacturer [ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ] Type  saloon  estate  minivan

Describe in detail where the stolen property was located

\_\_\_\_\_

Why was the property left there unattended?

\_\_\_\_\_

Where you still travelling or had you already reached your destination area?

\_\_\_\_\_

Where was the vehicle at the time of the theft?

\_\_\_\_\_

How long was the vehicle unattended?

\_\_\_\_\_

### Description of damage/lost property

Description	Purchase price	Date of purchase	Sales receipt?		Repair possible?		Estimated repair costs
			yes	no	yes	no	
1	€ [   ]	[   ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€ [   ]
2	€ [   ]	[   ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€ [   ]
3	€ [   ]	[   ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€ [   ]
4	€ [   ]	[   ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€ [   ]

Total baggage claim € [ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ]

Receipt or other documents enclosed?  yes  no, because \_\_\_\_\_



# Travel insurance claim form

## Loss/theft of money and/or cheques (to be completed only if money is insured under the additional cover)

Currency specification	aantal	currency	amount
	[ ]		€ [ ]
	[ ]		€ [ ]
		<b>Total monetary loss</b>	€ [ ]

## Part C Unforeseen additional expenditure

Details of costs of telephone calls, faxes and e-mails to:

ANWB Emergency Centre or ANWB Emergency Centre regional offices	€	[ ]
Other (only essential costs relating to the incident)	€	[ ]
<b>Total communication costs</b>	€	[ ]

Receipt or other supporting documents enclosed?  yes  no, because \_\_\_\_\_

### Extra transport costs

Reason that the costs were incurred \_\_\_\_\_  
\_\_\_\_\_

Transport took place from [ ]  
to [ ]

Estimated number of kilometres on return journey [ ] km

Itemized costs	[ ]	€	[ ]
	[ ]	€	[ ]
	[ ]	€	[ ]
<b>Total transport costs</b>		€	[ ]

Have you claimed the cost of the original ticket?  no  yes

Enclosures  yes  no Enclose documents such as medical certificate, transport documentation, old and/or new tickets.

### Additional accommodation expenses

Number of days extra or alternative accommodation [ ] Number of persons [ ]

Scheduled final date of holiday accommodation [ ]

Itemized expenses	[ ]	€	[ ]
	[ ]	€	[ ]
	[ ]	€	[ ]
<b>Total accommodation expenses</b>		€	[ ]



# Travel insurance claim form

## Part D Cost of replacement vehicle/accommodation (to be completed only if this is included under the policy)

Replacement vehicle/accommodation needed because of  breakdown  collision  theft

Vehicle/caravan insurance company [ ]

Registration number of original vehicle [ ]

Number of days vehicle rental [ ] Kilometres driven [ ]

Number of days accommodation [ ] Number of persons [ ]

Rented by [ ]

Purpose  outward journey  return journey  holiday destination

Itemized expenses \_\_\_\_\_ € [ ] , [ ]

\_\_\_\_\_ € [ ] , [ ]

**Total replacement accommodation expenses** € [ ] , [ ]

## Part E Medical expenses

Medical expenses are insured as supplementary cover under your health insurance policy. Medical bills must therefore be submitted first of all to your health insurance provider. The health insurance provider will send you a statement of what expenses it will and will not reimburse. You can then send this statement to us and we will reimburse the expenses that the health insurance provider will not reimburse and that are covered under your policy.

### Details of patient

Name initials [ ] infix [ ]  M  F

surname [ ]

Address street name [ ] number [ ]

postal code [ ] town / city [ ]

Citizen Service No. [ ] Date of birth day [ ] month [ ] year [ ]

Telephone [ ] Mobile [ ]

Name of health insurance provider [ ]

Town / city [ ]

Policy / registration number [ ] Original receipts submitted there?  yes  no



# Travel insurance claim form

Type of injury or illness [ | | | | | | | | | | | | | | | | | | | | | | | | ]

Treatment being given  by family doctor  by specialist  treatment finished

Name of family doctor \_\_\_\_\_

Hospital admittance  no  yes Number of days [ | | ]

Date first symptoms identified [ | | | | | | | | | | | | | | | | | | | | | | | | ]  
day month year

Confirmed by (name of doctor) [ | | | | | | | | | | | | | | | | | | | | | | | | ]

Have you suffered the same illness before?  no  yes, on [ | | | | | | | | | | | | | | | | | | | | | | | | ]  
day month year

How long did it take you to recover? \_\_\_\_\_

Who was the doctor in attendance? [ | | | | | | | | | | | | | | | | | | | | | | | | ]

Itemized medical, ambulance expenses etc.

\_\_\_\_\_ € [ | | | | | | | | | | | | | | | | | | | | | | | | ]

\_\_\_\_\_ € [ | | | | | | | | | | | | | | | | | | | | | | | | ]

**Totaal** € [ | | | | | | | | | | | | | | | | | | | | | | | | ]

original receipts enclosed  copy receipts enclosed  health insurance provider settlement statement enclosed



## Travel 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](http://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](http://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 home purchase
  - 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 Unigarant, Postbus 50000, 7900 RP Hogeveen. We advise you to keep copies of any documents enclosed.

### Reply from Unigarant

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.

Date 

day	month	year							
-----	-------	------	--	--	--	--	--	--	--

Signature \_\_\_\_\_