

Policy number(s)

Please complete in block letters. Include any additional information 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 dealt with and will be returned.

If the costs of medical treatment and/or repatriation are also 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

3. Illness

Date that the illness started _____

Nature of the illness _____

Has the insured party suffered from this illness in the past No Yes, during (periods of time) _____

On the commencing date of the holiday trip, was the insured party undergoing medical treatment Yes No

Name/address of the doctor/specialist _____

4. General, both for accident and for illness

Town/city and country where the loss event occurred _____

On which date and from which doctor did you receive the initial medical assistance _____

At which insurance company are you insured for medical expenses
(Please provide the full address and policy number) _____

Do you have accident insurance elsewhere No Yes, at (insurance company and policy number) _____

Can someone be blamed for the incident No Yes, who _____

5. Extra costs in the event of illness, accident or breakdown

Hotel expenses € _____

Travel costs for hospital visit € _____

Travel costs to return home € _____

Telephone costs € _____

Other costs € _____

Please provide an explanation regarding these incurred costs _____

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 or amount of the claim	Special features
		€		€	
		€		€	
		€		€	
		€		€	
		€		€	
Total				€	

(Enclose original purchase receipts, no copies.)

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

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