

## Claim form Cancellation Insurance

### Important:

To help rapid processing of your claim it is vital that this form is completed as accurately as possible and that you submit the completed form as well as:

- The original policy. If this was not provided to you separately, then please enclose the booking confirmation/and invoice.
- The cancellation invoice (you must receive this from your travel agent or tour operator).
- Any other documents which may act as evidence.

### 1 General data

Please complete this form using information from your policy.

Doorlopende Annuleringsverzekering

Kortlopende Annuleringsverzekering

Policy number \_\_\_\_\_

Issued on \_\_\_\_\_

File number \_\_\_\_\_

Insured amount € \_\_\_\_\_

by \_\_\_\_\_ at \_\_\_\_\_

### 2 Insured party

#### 2. A Insured party

Surname, first name  M  F

Date of birth \_\_\_\_\_

Street \_\_\_\_\_

Postal code and Town \_\_\_\_\_

Profession \_\_\_\_\_

Telephone number home \_\_\_\_\_

Telephone number work \_\_\_\_\_

IBAN (NL99 BANK 0123 4567 89) \_\_\_\_\_

Do you have objections to correspondence by e-mail?

no  yes

E-mail address \_\_\_\_\_

#### 2. B If a travel companion is not a family member of the insured party then list his/her details below.

Surname, first name  M  F

Date of birth \_\_\_\_\_

Street \_\_\_\_\_

Postal code and Town \_\_\_\_\_

Profession \_\_\_\_\_

Relationship to the insured party \_\_\_\_\_

IBAN (NL99 BANK 0123 4567 89) \_\_\_\_\_

### 3 Only complete this section if cancellation took place due to illness/accident or death

Surname, first name of the ill, injured or deceased party

General Practitioner, name, street and town

Date of birth

Street

Specialist, name, street and town

Postal code and Town

Relationship to the insured party

### 4 Description illness/accident

a. Short description of the nature and seriousness of the illness or the accident.

f. On which date was the first medical treatment sought for this illness/accident?

b. When did the first symptoms appear, respectively, on which date did the accident occur

g. Was the medical practitioner in question aware that you wished to book a trip?

c. What was the health situation of the person listed under Question 2 when the trip was booked or when the rental contract for the holiday home was concluded?

h. When did the need to cancel the trip first appear

d. Did the patient have this illness previously?

no  yes

If so, how often and during which period?

i. Was the trip cancelled on the advice of a doctor? If so, on which date was this advice given and which doctor gave this advice?

no  yes

Name of doctor:

e. For which illness/illnesses did he/she seek medical treatment or was he/she being monitored at the time the insurance was concluded?

j. In your opinion, who is to blame for the accident? (Enclose documentary evidence)

Did the illnesses get worse?

no  yes

### 5 Cancellation

a. On which date was the trip cancelled?

c. Name of the travel organisation or tour operator which implemented the booking.

b. At which travel agency was the cancellation made?

d. How much did the cancellation cost?

## 6 Only complete if boat/bus/train or airplane was delayed

(Tickets should be enclosed)

- |  |                          |
|--|--------------------------|
| a. What was the planned time of departure on the outward bound trip?<br>(Enclose ticket)               | date _____<br>time _____ |
| b. What was the original time of arrival at the holiday destination?<br>(Enclose documentary evidence) | date _____<br>time _____ |
| c. When did departure actually take place?<br>(Enclose documentary evidence)                           | date _____<br>time _____ |
| d. At which time was the holiday destination actually reached?<br>(Enclose documentary evidence)       | date _____<br>time _____ |
| e. What was the cause of the delay?<br>_____   |                          |

## 7 Only complete if your return journey was made prematurely (to be completed in combination with question 3)

- |   |  |
|---|--|
| a. On which date did the return journey start?<br>(Enclose documentary evidence)<br>_____ | c. If hospitalisation took place during the trip, what period<br>was covered?<br>(Enclose documentary evidence)<br>_____ |
| b. Which persons returned?<br>_____   |  |

## 8 Cancellation due to other causes

Please indicate below why the trip was cancelled, when the need to cancel became known, and, when the event which formed the grounds for the cancellation took place. Describe in detail and enclose documentary evidence.  
\_\_\_\_\_  
\_\_\_\_\_

## 9 Further details

Please indicate if there are any further details which might be important for assessing and settling this claim.  
\_\_\_\_\_  
\_\_\_\_\_

The personal data, supplied upon the application for or for the alteration of this insurance policy are processed by Europeesche on behalf of the concluding and implementation of insurance agreements and/or financial services and the management of the relations ensuing therefrom, including the prevention and suppression of fraud. The code of conduct "Verwerking Persoonsgegevens Verzekeringsbedrijf" (Processing of Personal Data by the Insurance Business) is applicable. You can read the complete text of this code of conduct on the website of the Insurers Union (Verbond van Verzekeraars), [www.verzekeraars.nl](http://www.verzekeraars.nl). Given data may be incorporated in the CIS (Central Information System of insurance companies, active in the Netherlands). The privacy regulations of "Stichting CIS" apply to that registration.

The undersigned declares:

- that to the best of his/her knowledge, he/she has answered the above questions and given the above statements correctly and in accordance with the truth and that he/she has not withheld any information relevant to the damage(s);
- that he/she is submitting this insurance claim and any further information to be provided later to the Europeesche insurance company to determine the extent of the damage(s) and the right to compensation;
- that in case of medical treatment, hospitalisation and or repatriation, he/she will - insofar necessary - offer the medical adviser(s) of SOS International permission to give the relevant medical information regarding the reason and background to the medical adviser of the Europeesche insurance company;
- that he/she has read the contents of this form;
- that he/she is aware of the stipulation that any incorrect statements will render the right to compensation null and void.

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City

Date

Signature of the insured