

# Insurance claim form

Cancellation  Cancellation and Curtailment

Code  please leave blank

Dossier no.  please leave blank

**Tips for completion!** Form to be completed in full, (including back); please print. Do not forget to enter your bank account number. Always enclose a copy of your insurance certificate. A cover note listing the policy details may be substituted for the latter. Please enclose any explanatory notes on a separate sheet if there is not sufficient space on the form.

## Details insured person

Name and initials	<input type="text"/>	m/f	<input type="text"/>	E-mail	<input type="text"/>
Address	<input type="text"/>			IBAN	<input type="text"/>
Zip code	<input type="text"/>	City	<input type="text"/>	In the name of	<input type="text"/>
Phone number (day)	<input type="text"/>			Nationality	<input type="text"/>
Phone number (evening)	<input type="text"/>			Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> (day - month - year)

## Questions and answers

1 A Which branch issued the insurance policy?	Name	<input type="text"/>
	Address	<input type="text"/>
	Zip code	<input type="text"/> City <input type="text"/>
B What is the policy number of the insurance certificate? (Original or copy policy enclose)	Policy number	<input type="text"/>
	C On what date did you book your trip?	Date <input type="text"/> <input type="text"/> <input type="text"/> (day - month - year)
2 On what date did you plan to travel, respectively for which period did you rent?	Number of days	<input type="text"/>
	Date of departure	<input type="text"/> <input type="text"/> <input type="text"/> (day - month - year)
	Date of return	<input type="text"/> <input type="text"/> <input type="text"/> (day - month - year)
3 How much was the amount of the journey or rental?	Amount	€ <input type="text"/> (Please enclose booking confirmation)
4 A On what date did you cancel your travel/rental contract? B Number of persons cancelling or curtailing the trip C How much is the amount of your damages?	Date	<input type="text"/> <input type="text"/> <input type="text"/> (day - month - year)
	Number of persons	<input type="text"/>
	Amount	€ <input type="text"/> (Please enclose invoice for cancellation costs)
5 With which travel company did you book the trip?		<input type="text"/>
6 A What is the reason for cancellation/curtailment? (if possible enclose proof) B Name and address of the victim (if other than yourself)	Name and initials	<input type="text"/>
	Date of Birth	<input type="text"/>
C What is your relationship with the victim? D On whose advice did you cancel the trip and on what date was this advice provided?	Address	<input type="text"/>
	Zip code	<input type="text"/> City <input type="text"/>
7 A Who is the physician providing treatment to the patient(s)?	On whose advice	<input type="text"/>
	Date	<input type="text"/> <input type="text"/> <input type="text"/> (day - month - year)
	Name and initials	<input type="text"/>
	Phone number	<input type="text"/>
	Address	<input type="text"/>
	Zip code	<input type="text"/> City <input type="text"/>



7 B Who is the General Practitioner (GP)?

Name and initials		
Phone number		
Address		
Zip code	City	

**Please complete in case of illness**

8 A Whose illness(es) is (are) the reasons for the cancellation?

B Since what date does the victim suffer from the disease(s)? Date    (day - month - year)

C What was the state of health of the victim at the time the trip was booked or rental contract of the holiday dwelling was signed?

D When was the first time the victim contacted the physician providing the treatment?  
Date    (day - month - year)

E Is it the case that the illness(es) for which he/she received medical treatment at the time the insurance policy was signed has taken a turn for the worse?  Yes  No

F Was the physician providing the treatment aware of the fact that you planned to book a trip?  Yes  No

**Complete in case of accident**

9 A What is the nature of the injury or injuries suffered?

B Who was to blame for the accident in your opinion? (Please submit documentary proof)

C When did the accident take place?    (day - month - year)

**Complete in case of curtailment**

10 A On what date did you interrupt your journey? (Please enclose flight ticket or other documentary proof)    (day - month - year)

B For what reason did you end your trip prematurely?

C If hospital admission occurred during the holiday period, during which period was this the case? (Please submit documentary proof)  
Period    until    (day - month - year)

D Do you have a "Dubbel-Zeker" insurance?  Yes  No

**Complete in case of delayed departure**

	day	month	year	hours	minutes
11 A When was the original departure date set? (Please enclose ticket)	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B On which date did the actual departure occur? (Please enclose documentary proof)	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**General**

12 Please describe the symptoms and/or the development of the illness for our medical advisor

13 If cancellation of the trip did not occur for one of the reasons referred to above, what was the reason for cancellation?

Personal details entered on this form and any details which may be submitted later may be included in the insured persons administration of Allianz Global Assistance and in a central information system for insurance companies active in the Netherlands. Please contact Allianz Global Assistance if you have any questions and regarding the data protection rules which apply to these records.

The undersigned declares • to have answered and provided the above questions and details accurately, truthfully and to the best of his/her knowledge, and not to have withheld any information relating to the loss or damage • to give permission herewith (in so far this is necessary) to the medical advisor(s) of Allianz Global Assistance to provide any relevant details to the medical advisor of Allianz Global Assistance in relation to the reason and background in case of medical treatment, admission to hospital and/or repatriation • to submit this claim form and details still to be provided to Allianz Global Assistance partially for the purpose of determination of the amount of the damages and entitlement to payment • to have taken note of the contents of this form • to be familiar with the condition that any entitlement to payment becomes invalid upon submission of incorrect/false details. Signing of this form signifies that you transfer entitlement to payments based on any insurance policy elsewhere to Allianz Global Assistance.

Date

Signature