

Claim Form



1. To be filled out at any type of event: Be aware! The form has to be signed at page 2.

Policy number: _____ Claim number: _____ (to be completed by Gouda)

Name: _____ Civil register no.: _____

Address: _____ Tel. daytime: _____

Postal code: _____ Home Town: _____ Mobile phone: _____

E-post (is used in first hand when communicating): _____

2. If the compensation is to be credited to your bank account, please state the following:

Holder of the account: _____ Bank: _____

Sort code: _____ Account number: _____

3. The journey is: A business journey Company: _____

A private journey Travel organizer: _____

Departure: _____ Arrival: _____ Destination: _____

4. Other policies:

Have you taken out householders' insurance? No Yes Company: _____

Have you taken out other valid insurance? No Yes Company: _____

Have you paid your journey Yes What kind of card? _____

With a charge- or credit card? No

Has the claim been reported to any of the above? No Yes Ref.no.: _____

5. When did the event/damage/illness/loss occur? Date: ___ / ___ / ___

6. Describe the event/damage/illness/loss in detail (a separate report can be added):

A separate report can be added

7. To be filled out in the event of illness/accident:

What symptoms occasioned medical treatment? _____ When did the symptoms occur? Date: ___ / ___ / ___

When did the first medical consultation take place? Date: ___ / ___ / ___ Provider: _____

Hospitalization? No Yes From: ___ / ___ / ___ To: ___ / ___ / ___ Are You still getting treatment? No Yes

Have you previously suffered from similar symptoms? No Yes When?: _____

Name/address/tel. to Your own doctor: _____ Is disability to be feared? No Yes

Costs due to illness/injury etc. Enclose original receipts

Diagnose	Costs (Doctors fee, medicine etc.)	Amount (Currency)	Payment made? (Yes/No)

A separate report can be added

Claim Form



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8. Ifylles vid stöld/förlust av egendom:

To whom was the event reported?	<input type="checkbox"/> Police	<input type="checkbox"/> Transport company	<input type="checkbox"/> Airline company			
	<input type="checkbox"/> Other: _____			Original documentation must be enclosed		
Where were the objects when the loss/damage occurred?	<input type="checkbox"/> Car	<input type="checkbox"/> Apartment	<input type="checkbox"/> Train	<input type="checkbox"/> Aeroplane	<input type="checkbox"/> Hotell	<input type="checkbox"/> Bus
	<input type="checkbox"/> Other place: _____					
Had the luggage been checked in/deposited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By whom:	_____		
Was the storage arese locked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which:	_____		
Where there signs of a forced entry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Lost objects: Enclose original receipts						
Besides object shall manufacture and model be given						
What have You lost?	Date of purchase:		Purchase price:			
_____	_____		_____			
_____	_____		_____			
_____	_____		_____			
_____	_____		_____			
_____	_____		_____			
_____	_____		_____			

A separate report shall be added

9. To be filled out in the event of delayed journey/delayed luggage:

When were you supposed to be arriving at the destination? _____	When did You arrive? _____
When were the luggage supposed to be arriving at the destination? _____	When did it arrive? _____
Certificate from airline company/PIR-report shall be added	
What costs have You had in relation to the delay? Original receipts shall be added	
Type of cost	Amount (Currency)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. To be filled out at any type of event:

I, the undersigned, solemnly declare that the above information is correct, and authorize the insurance company to obtain medical information about any previous illness or treatment, if such information is relevant to the handling of the claim.

Date: ___ / ___ / ___

Signature: _____

If the claim regards a minor is signature from person who have custody valid

Clarification of signature: _____