

Claim form

1. To be filled out at any type of event: Be aware! The form has to be signed at page 3.

Policy number:	Claim number: (to be completed by Gouda)
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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: <input type="checkbox"/>	Company:	
A private journey: <input type="checkbox"/>	Travel organizer:	
Departure:	Arrival:	Destination:

4. Other policies:

Have you taken out householders' insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	Company:
Have you taken out other valid insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	Company:
Have you paid your journey with a charge- or credit card? <input type="checkbox"/> No <input type="checkbox"/> Yes	What kind of card?
Has the claim been reported to any of the above? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes	From:	To:	Are You still getting treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you previously suffered from similar symptoms? <input type="checkbox"/> No <input type="checkbox"/> Yes		When?:	
Name/address/tel. to Your own doctor:			Is disability to be feared? <input type="checkbox"/> No <input type="checkbox"/> 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:			

8. To be filled out in the event of theft/loss of luggage

To whom was the event reported?			
Police: <input type="checkbox"/>	Transport company: <input type="checkbox"/>	Airline company: <input type="checkbox"/>	
Other: Original documentation must be enclosed <input type="checkbox"/>			
Where were the objects when the loss/damage occurred?			
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: <input type="checkbox"/>	
Had the luggage been checked in/deposited? <input type="checkbox"/> No <input type="checkbox"/> Yes		By whom:	
Was the storage arese locked? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Where there signs of a forced entry? <input type="checkbox"/> No <input type="checkbox"/> Yes		Which:	

8. To be filled out in the event of theft/loss of luggage

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	
Date:	Clarification of signature: