

Claim form

Expatriate Insurance

Please fill out all fields and forward it to Gouda Travel Insurance as attachment in an email to claims@gouda-rf.se. Please enclose original documentation.

Processing your claim cannot commence before we have received all relevant information.

1. Personal information

Policy No.:	Name:	Name of Company:
Gender:	Address:	Postal code:
City:	Country:	Date of birth/Social security No.:
Phone (work):	Phone (home/mobile):	E-mail:

2. Bank information

Please transfer the compensation to (please tick off):			Private bank account: <input type="checkbox"/>	Company bank account: <input type="checkbox"/>
Swedish bank account:	Reg.no.:	Account no:		
International bank account:	Swift code:	IBAN no./Account number:		
Exact name of bank account owner:				

3. Nature of incident

(please give a detailed description of the incident)

4. Medical information

Date and time of illness/injury	Have you experienced similar symptoms before your expatriation? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, when?	Name and contact information of your treating doctor at the time
Do you need further medical treatment or evaluation? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, what kind?	

5. Expenses

Diagnosis	Nature of expense (doctor, medicine etc.)	Amount (currency)	Have you already paid?
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Total			

6. Loss, damage or delay of personal belongings

When did the incident occur (date/month/year):		In case of luggage delay, kindly state when the luggage was received (date/month/year/time)			
When did you notice the incident (date/month/year)					
To whom did you report the incident?					
Police	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Guide	<input type="checkbox"/>
		Gouda Alarm Centre	<input type="checkbox"/>	Airline/transportation company	<input type="checkbox"/>
Other	<input type="checkbox"/>				
Where were the items, when the incident happened?					
Car/Trunk	<input type="checkbox"/>	Car/Cabin	<input type="checkbox"/>	Train	<input type="checkbox"/>
		Airplane	<input type="checkbox"/>	Bus	<input type="checkbox"/>
		Apartment/Hotel room	<input type="checkbox"/>		
Other	<input type="checkbox"/>				
Was the luggage checked in/deposited?			If yes, with whom?		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was the storage area locked?		Where there any signs of forced entry?		If yes, which?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			

7. Lost/damaged items/replacement purchases

What did you lose/buy?	Date of purchase	Purchase price	Claim (local currency)	Claim (SEK)
Total				

8. Other insurance

Have you taken out local insurance?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Do you have a credit card that includes travel insurance?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Yes if, please state card type and issuing bank/ card company:
Has the claim been filed under the credit card insurance?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

9. Signatures

The employee's signature – Compulsory <i>I hereby verify that the above statements are true and accurate to the best of my knowledge.</i>	
Place/date	Signature
The Manager's signature – Compulsory <i>I hereby verify that the above statements are true and accurate to the best of my knowledge.</i>	
Place/date	Signature
Telephone	Name of company/stamp

We use personal information which you supply to us for underwriting, policy administration, claims management and other insurance purposes, as further described in our Master Privacy Policy, available here <https://www2.chubb.com/nordic-en/footer/privacy-policy.aspx> or by searching 'Master Privacy Policy' on www.chubb.com/Nordics. You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at dataprotectionoffice.europe@chubb.com

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