

- If any expenses that you are claiming are also insured elsewhere, you should submit your claim to that company first (e.g. under a medical, bicycle, caravan, annual travel, camping equipment or valuables policy).
- If the claim was rejected in whole or in part, you can send the relevant documents to us.
- To facilitate the speedy processing of your claim you should enclose the originals of invoices, guarantee certificates, statements, police reports and other relevant documents with this claim form. Make your own copies of these documents.
- In the case of a single-trip or Air Miles travel and cancellation policy you should enclose the insurance certificate with this claim form.

ABN AMRO Verzekeringen
Afdeling Recreatieschade, TC4460
Antwoordnummer 9000
8000 VB Zwolle

Type of Policy and Policy No.	
Annual travel insurance	
Single-trip travel insurance	
Annual cancellation policy	
Single-trip cancellation policy	
Air Miles travel and cancellation policy	
Member No.	
Credit Card No. (if credit card policy)	

1 Policy holder

Name and initials			
Street Address			
Postcode and Town			
Date of Birth		Occupation	
Home Telephone		Mobile Telephone	
Bank Account No. (for payment)		Work Telephone	

Questions 2-14 relate to your travel insurance.

Questions 15-22 relate to your cancellation insurance.

Questions on your Travel Insurance

2 Place, Date and Type of Claim

In which country were the expenses incurred?		Date	
Place		Time	o'clock
Date of arrival abroad:			

What was the purpose of your trip? Holiday Business or occupation

(Please enclose a copy of the booking invoice)

The facts *(precisely what happened; enclose a situation plan or further information if necessary)*

<input type="checkbox"/> What type of claim are you making?	<input type="checkbox"/> Baggage: go on to Question 8.	<input type="checkbox"/> Extra expenses: go on to Question 6.
	<input type="checkbox"/> Sickness: go on to Question 3.	<input type="checkbox"/> Accommodation: go on to Question 11.
	<input type="checkbox"/> Physical accident: go on to Question 4.	<input type="checkbox"/> Extra expenses due to car/caravan breakdown: go on to Question 7.

3 Sickness Claim

Nature of sickness

Has the patient previously suffered from this or a similar medical condition?

No Yes: provide further information at Question 14.

Was the patient still being monitored or treated before the trip?

No Yes: provide further information at Question 14.

Did the patient consult the attending doctor before the start of the trip?

No Yes: provide further information at Question 14.

Go on to Question 5.

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4 Accident Claim

Nature of the injury/injuries

Is there likely to be permanent injury?

No

Yes, as follows:

What was the person doing when the accident took place?

Was a third party responsible for the accident in your opinion?

No

Yes: state this person's details at Question 9.

5 General Questions (Sickness or Accident Claim)

On what date did your medical treatment commence?

Name of attending doctor

Type of doctor

Were you admitted to hospital?

Yes

No

If so, state the period:

from

to

Is the medical treatment being continued in the Netherlands?

No

Yes: state the nature of that treatment below.

N.B. Always submit medical invoices to your health insurer first.

Name of health insurer and Registration/Policy No.

What type of health insurance do you have?

Basic

Basic + top-up

Basic + top-up + dental insurance

Did you ask the emergency call centre for assistance?

No

Yes, on (date):

Go on to Question 10 or 11.

6 Extra Expenses

Discontinuation of Trip Claim due to recall

If you used your own car, enclose petrol receipts and toll tickets.

For whose benefit did you discontinue the trip?

What is your relationship to this person?

What was this person's state of health at the start of the trip?

Was this person already receiving medical treatment?

No

Yes, since

When did you receive the recall?

When and how did you return?

When and how would you have returned normally?

Did you ask the emergency call centre for assistance?

No

Yes, on (date):

Have you obtained, or do you expect to obtain, a refund from the travel company because the original return journey did not take place?

No

Yes, as follows: EUR

Did you return to your holiday accommodation?

No

Yes: state below when and how.

Other extra expenses

Reason, description and further information.

Go on to Question 11.

7 Extra Expenses due to Loss or Damage of Car and/or Caravan

What was affected? Car Caravan Both When did the loss or damage occur? | | | | | | | | | | | | | | | |

What was the nature of the loss/damage/breakdown? | | | | | | | | | | | | | | | |

When did you take the car/caravan in to be repaired? | | | | | | | | | | | | | | | | When were you able to use the car/caravan again? | | | | | | | | | | | | | | | |

Was it possible to repair the car? Yes No: see statement from service station. Was it possible to repair the caravan? Yes No: see statement from repair company.

Name of the company that did the repairs | | | | | | | | | | | | | | | |

Did you ask the emergency call centre for assistance? Yes, on (date): | | | | | | | | | | No

Details of driver of car with or without caravan

Name of driver | | | | | | | | | | | | | | | |

Driving Licence No. | | | | | | | | | | Category A B C D E

Name of car owner | | | | | | | | | | | | | | | |

Was the car owner on holiday with you? Yes No

8 Report to Police or other Authority

If you made a report to the police, transport operator or some other official body and can inform us of this it will facilitate the speedy processing of your claim. Enclose the original police etc. report with this claim form.

Name of authority | | | | | | | | | | | | | | | |

Are you enclosing documents relating to the report? Yes No (provide further information at Question 14)

Go on to Question 10 or 11.

9 Any Persons Responsible/Partly Responsible

Name | | | | | | | | | | Date of Birth | | | | | | | | | |

Street Address | | | | | | | | | | | | | | | |

Postcode and Town | | | | | | | | | | | | | | | |

10 Witnesses

Name | | | | | | | | | | Date of Birth | | | | | | | | | |

Street Address | | | | | | | | | | | | | | | |

Postcode and Town | | | | | | | | | | | | | | | |

11 Specification of Lost or Damaged Baggage, Medical and/or Extra Expenses, Damage to Accommodation

*If you state amounts in foreign currency, also state the exchange rate that you paid. You can use the table below to specify the expenses. In the case of medical expenses or unforeseen expenditure you do not need to enter anything in the columns marked *).*

Please enclose all documentary evidence, e.g. original invoices.

Description	Where purchased *)	Purchase price *)	Repair cost *)	Date of invoice/purchase date or age	Amount

Are there more invoices to follow? No Yes, as follows: | | | | | | | | | |

12 Other Insurance Policies

If any expenses that you are claiming are also insured elsewhere (not by ABN AMRO), you should submit your claim to that company first. See the note at the top of page 1 of this form.

What does your insurance elsewhere cover? Baggage Car Caravan
 Legal assistance Liability Valuables Other, as follows:

Name of company

Under what conditions are you insured? Policy No.

13 Previous Travel Insurance Claims

Have you made a travel insurance claim previously? No Yes: state what company and when.

Name of company Date

Name of company Date

14 Further Information or Continuation of Answer

Questions relating to your cancellation insurance

15 Cancellation Claim

On what date did you book your trip?

What was your departure date/what was the rental period?

What was the cost of the trip/rental charge? EUR (Enclose booking invoice)

Number of persons cancelling or discontinuing the trip

On what date did you cancel your travel/rental contract?

What refund are you receiving from the tour operator/renter? EUR (Enclose cancellation charge invoice)

How much were your expenses? EUR

With what organization had you booked the trip/rented the holiday accommodation?
If Air Miles policy:

How many Air Miles did you redeem?

16 Reason for Cancellation

What was the reason for cancellation?
(Submit documentary evidence if possible)

Name of person affected

Street address of person affected

Town of person affected

Date of Birth of person affected Relationship to person affected

On whose advice did you cancel the trip? On what date was this advice given?

Enclose proof from the doctor if possible (e.g. copy of prescription, referral to specialist or hospital admission).

Name of attending doctor of person affected

Street address of attending doctor

Town of attending doctor

Telephone No. of attending doctor

Name of GP

Town of GP

17 To be completed for Sickness Claim

What medical condition(s) was/were the reason for cancellation?	
What was the state of health of the person affected at the time of booking the trip or entering into the rental contract for the holiday accommodation?	
Since what date has the person affected suffered from this/these condition(s)?	
Has there been any deterioration in the condition(s) for which he/she was under medical treatment or being monitored at the time of taking out the policy?	
Was the attending doctor aware that the person affected intended to book a trip?	
When did the person affected contact his/her GP?	

18 To be completed for Accident Claim

What is the nature of the injury/injuries?	
Who was responsible for the accident in your opinion? (Submit documentary evidence)	
Was the attending doctor aware that you intended to book a trip?	

19 To be completed for Discontinuation of Trip Claim

On what date did you discontinue your trip? (Enclose air/travel ticket or other documentary evidence)	
For what reason did you discontinue your trip?	
If hospitalization took place during the holiday period, for what period was this? (Submit documentary evidence)	

Also answer Questions 6 and 7.

20 Medical Information

Describe the symptoms and/or course of the medical condition for our medical adviser.

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21 To be completed for Delayed Departure Claim

What was the original departure time? (Enclose ticket)	Time AM/PM	
What was the actual departure time? (Enclose documentary evidence)	Time AM/PM	

22 Other Reason

If the trip was not cancelled for one of the above reasons, what was the reason for cancellation?

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23 Processing of Data Supplied

The data supplied may be processed in the Central Information System of insurance companies operating in the Netherlands, owned by Stichting CIS (Dutch Central Information System Foundation), Bordewijklaan 2, 2591 XR The Hague, www.stichtingcis.nl. The Dutch Data Protection Authority was notified of this processing of personal data on 9 August 2002 (Notification No. 1029513).

24 Declaration and Signature

I, the undersigned, hereby certify that:

- I have answered the above questions and supplied the above information to the best of my knowledge, correctly and truthfully and have not withheld any particulars regarding this claim.
- I furnish the company with this claim form and any other data to be submitted for the purpose of assessing the extent of the claim and the entitlement to payment.
- I have taken cognizance of the content of this form.
- I am aware of the stipulation that any entitlement to payment will be forfeited in the event of untrue information.

Enclosures

Place Signature of Insured

Date

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