

**Important**

- Please answer all applicable questions as fully as possible. This will prevent delays in the handling of your claim
- Always send along statements, original bills and other evidence immediately
- Make sure you sign the form after you have in the insurance claim. Unsigned forms will not be dealt with.
- Make sure you always send along the original insurance policy or confirmation of your booking in case of an Kortlopende reisverzekering. We will not be able to handle your claim without this original proof.



**1. General data**

Kortlopende Reisverzekering

Doorlopende Reisverzekering

Policy number/Number confirmation of your booking

Name insurance adviser/ travel agency

Effective date of the trip  -  -

Date of arrival at destination  -  -

Destination

Intended length of travel/stay from  -  -  till  -  -

Purpose of the intended trip  holiday  business  both

**2. Insured who suffered a loss**

Name and initials

M  F

Date of birth  -  -

Street and number

Postal code

City

Nationality

Telephone number private

Telephone number business

Occupation

IBAN

Do you have objections to correspondence by e-mail?  Yes  No, E-mail address

Has this damage been reported to SOS International?  No  Yes, date  -  -

Document nr.

Have you claimed damages from a.s.r. before?  No  Yes, in  -  -

**3. Date and definition of the damage/accident**

City/country

Date of damage  -  -

Definition (if necessary you can add a separate page)

**4. Kind of claim**

- Luggage ▶ Complete questions 5 and 9
- Medical expenses resulting from illness or accident ▶ Complete questions 6 and 9
- Additional expenses of travel and accommodation ▶ Complete questions 7 and 9
- Additional expenses resulting from the breakdown of the vehicle ▶ Complete questions 8 and 9

**5. Luggage**

**5.1 Damage**

*(Please enclose the original damage report and original tickets.)*

What is the nature of the damage?

Has the damage been assessed by an expert?  No  Yes, by

If so, what was his opinion?

Where is the damaged luggage now?

**In case of damage during transport by plane/ bus/train:**

Have you reported the damage to the relevant transport company?

Yes, at

No, because

**5.2 Theft / Loss**

*(Please enclose any original proof)*

Where and when did you last see the luggage?

City

Date  -  -

Time  -

▶ Continue on the next page

When did you detect the theft/loss?

Where were you at the time of the theft?

What precautions did you take to prevent theft?

Have you reported the theft to the police or any other?  
 Yes, at   
 No, because

Have you taken out any (partial) luggage insurance elsewhere?  
 No  Yes, at   
 Policy number

**5.3 Theft from a vehicle**

Brand, model and registration of the vehicle

Where exactly did you store the luggage?

Could the luggage be seen from the outside?

**6. Illness and Accident**

Nature of the illness/disorder/injury

Did you already suffer from this illness/ disorder/injury before you started your journey?  
 No  
 Yes, name and address of your doctor

When and where (city and country) did you call in medical care for the first time?

Name and address of your family doctor

What is the name of your Health Insurance Company?

Registration/policy nr.

City

Additional insured?  Yes  No

Does the insurance include any deductible?  No  Yes, the deductible is €

**7. Additional expenses of travel and accommodation**

**Cause of additional travel/accommodation expenses**

In case of illness or accident: Did you set out on your return trip at the advice of a doctor?  
 Please enclose the doctor's statement  
 No  
 Yes, name and address of the doctor

▶ Continue on the next page

When and how did you travel back and what additional expenses did you pay for this?

Date  -  -

Costs €

What is the amount of additional accommodation expenses?

Description

Costs €

**8. Additional expenses resulting from the breakdown of the vehicle**

Brand and model of the vehicle

Registration number

Year of construction

What is the cause of the damage?

What is the nature of the damage?

Where was it caused?

When was it caused?  -  -

Did you take your vehicle to be repaired?  No  Ja, by

Date  -  -

Was reparation possible within 2 days?  Yes  No, because

What is the name of your car (bodywork) insurance company?

Company

Policy number

liability Insurance  limited bodywork insurance

bodywork insurance

Name and address of the opponent

Do you hold this party responsible?  Yes  No

Has an official report been made?  No  Yes, by

**9. List of the damaged, stolen or lost objects**

*Please enclose original bills and proof*

**Luggage Claim**

Definition	Price of purchase	Date of purchase	Bought at	Costs of repair
<input type="text"/>	€ <input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>

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**Illness or accident**

Description	Cost	Have you already paid these expenses yourself?	
<input type="text"/>	€ <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="text"/>	€ <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="text"/>	€ <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="text"/>	€ <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="text"/>	€ <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="text"/>	€ <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**10. Signature**

City

Date

 -  - 

Signature of the insured

**Please submit your claim to:**

a.s.r.

Afdeling Reisschade

Postbus 2072

3500 HB Utrecht

Or sent an e-mail to: [reisschade@ikkieszelf.asr.nl](mailto:reisschade@ikkieszelf.asr.nl)**Do you have a question?**

Please contact us by phone on +31 20 651 52 53

Or sent an e-mail to: [reisschade@ikkieszelf.asr.nl](mailto:reisschade@ikkieszelf.asr.nl)

## Information

We file the information regarding this claim and your personal data with the Central Information System Foundation of insurance companies operating in the Netherlands (CIS). It makes no difference whether the claim arose through your fault. We do so in order to control risks and combat fraud. More information and the privacy regulations can be found at [www.stichtingcis.nl](http://www.stichtingcis.nl).

If permitted by law, we have the right to exchange the information required for the services with your advisor. We also engage other companies to perform services for us, which services are related to the insurance contract. Such as a loss adjustment agency. We lay down agreements with these parties in order to guarantee your privacy. We remain responsible for processing your data.

If we process information concerning your health or your criminal history, we will comply with the rules that apply in this regard. We may require your consent to do so in some cases.

### The undersigned declares:

- that the information I have entered above is correct and true. And that I have not withheld any particulars concerning this claim.
- that I provide this claim form and any additional information to a.s.r. for the purpose of determining the scope of the claim and the entitlement to payment.
- that a.s.r. may request information about my claim history and insurance history from other insurers and advisors.
- that in case of medical treatment, hospitalisation and or repatriation, he/she will – insofar necessary - offer the medical adviser(s) of de Alarmcentrale permission to give the relevant medical information regarding the reason and background to the medical adviser of a.s.r.;
- that he/she has read the contents of this form;
- that he/she is aware of the stipulation that any incorrect statements will render the right to compensation null and void.