



Claim form for Expat Insurance Packages

You must use this form to report damage covered by one or more insurances included in the Expat Insurance Packages. Please answer the questions accurately and clearly so as to avoid any delay in processing your claim.

Type of insurance (please tick the correct box)

- | | | | |
|--|------------------------|--|-------------------|
| <input type="checkbox"/> Household contents | questions 1 to 8 + 12 | <input type="checkbox"/> Multi trip travel | questions 1 to 11 |
| <input type="checkbox"/> Instruments/ Valuable | questions 1 to 8 + 12 | <input type="checkbox"/> Extra flight | question 1,2,13 |
| <input type="checkbox"/> Personal liability | questions 1 to 10 + 12 | <input type="checkbox"/> Accidents | question 1,2,14 |

Policy number _____

Policy holder's information

Name _____

Address _____

Postal code / city _____

Country _____

Telephone number _____

E-mail address _____

Bank account number _____

(Preferably a Dutch bank account number)

IBAN code _____

Name bank _____

Address bank _____

Swift code bank _____

Is there an entitlement to deduction of VAT? Yes No

1. Report damage

Has the damage/loss already been reported to Aon?

Yes, when? _____

No

2. Other insurance

Do you have insurance elsewhere that might cover these costs? Yes No

Insurance company _____

Policy number _____

Type of insurance _____

Insured sum _____

Have you reported the damage/loss with the other insurance company? Yes No

If yes, please state contact person _____

Are certain objects such as jewelry, instruments and other valuables insured separately? Yes No

3. Information about date and place of the damage

Date of damage / loss _____ - _____ - _____ Time _____

Place and address of damage / loss _____
(state location for example, kitchen, garden, etc.)

Are you the owner or tenant of the building? Owner Tenant

4. Police report

Did you report the damage to the police?

Yes (Send police report with this form)

No, because _____

5. Repair

Is the damage going to be repaired? Yes, for what amount? _____ No

Has this repair already been done? Yes, for what amount? _____ No

(Enclose invoices and/or estimate of the damage)

6. Cause of damage

How did the damage occur?

Fire

Theft/ break-in *

Burst water pipe

Explosion

Vandalism *

Other, i.e

Storm

Collision

Lightning

Precipitation

* Are there signs of forced entry? Yes No

Description (if necessary attach a sketch and/or explanation separately)

7. Who caused the damage?

Name _____

Address _____

Date of birth _____ - _____ - _____

What is the relationship with you? _____ (family, employment, etc.)

Were there accomplices? Yes No

Name _____

Address _____

Date of birth _____ - _____ - _____

With what was the damage caused? _____

What was the above mentioned person doing when the damage was caused? _____

8. Witnesses

Were there witnesses to the incident? Yes No

If so, please list their full names and addresses (Use a separate sheet for this)

9. Damage to others (liability)

(It is absolutely necessary to provide all communication between parties)

What kind of damage was inflicted? Material Personal

Who is the third party?

Name _____

Address _____

Postal code / City _____

Date of birth _____

Bank account number _____

Is the third party himself insured for the concerning damage? Yes No

If yes, with which Insurance company? _____ Policy number _____

10. Recovery

Are you of the opinion that the damage can be recovered from someone else?

Yes,

Name _____

Address _____

Postal code / City _____

Telephone number _____

Date of birth _____

No, why not? _____

11. Multi-trip travel

On what date did you book your trip? _____ - _____ - _____

On which date did you plan to travel and/ or for which period did you arrange rental accommodation?

Departure date _____ - _____ - _____

Return date _____ - _____ - _____

Number of days _____

In case of cancellation, fill in the following

What was the total cost of the travel and/ or rental? (Enclose booking invoice) EUR _____

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

With which travel organization did you book the trip? _____

What was the reason for cancellation? (If possible enclose documentary evidence) _____

Information of the doctor treating the patient

Name _____

Address _____

Postcode/ City or town _____

Tel. _____

13. Extra flight

What was the reason for the extra flight costs?

- Decease of blood relative 1st and 2nd degree (enclose death certificate)
 Life threatening condition of relation by blood or affinity (Please enclose a statement from the treating doctor)

Name in full of concerning family member _____

Date of birth _____

What is the relationship with you? _____

Total amount of the extra flight costs? _____

Please enclose all the original flight tickets, original invoices and a birth certificate (submitted in English, Spanish, French, German or Dutch) clearly establishing the degree of kinship between the insured and the family member who has is ill or passed away.

14. Accidents

When did the accident take place? _____ - _____ - _____

Where did the accident take place? Address _____

Postcode/ City or town _____

What was the cause of the accident? (Please describe the circumstances) _____

Was a police report drawn up? Yes, reference number _____ No

What was the insured party engaged in when the accident took place? _____

Was this while performing occupational activities? Yes No

What is the evidence of the injury? _____

Which body part is affected? _____ Left Right

Is there a chance of permanent consequences? Yes No

Number of vehicle occupants at the time of the accident _____

Were the safety belts in use at the time of the accident? Yes No

Where is the insured party staying? Home Hospital Elsewhere, i.e.

Address _____

Postcode/ City or town _____

Can the insured party come to an appointment with a doctor? Yes No

General Practitioner's information

Name _____
Address _____
Postcode/ City or town _____
Tel. _____

Information on the doctor/ specialist who is treating the insured party for the problems reported here

Name _____
Address _____
Postcode/ City or town _____
Tel. _____

Is there anything else important to report with regard to this damage incident? Yes No

If so, please report here _____

Signature

The undersigned declares:

- that to the best of his/ her knowledge he/ she has answered the questions above and provided the documents requested correctly and truthfully and has not withheld any particularities with regard to this damage;
- to provide this damage report form and any other information still to be provided to Aon in order to help Aon ascertain the extent of the damage and the entitlement to payment;
- to have read the contents of this form.

Note: Deliberate provision of inaccurate information results in the forfeit of any right to payment.

City

Date

Signature

Return address

Please e-mail this completed form to ipm@aonhewitt.com or send it to:
Aon, IPM, PO Box 1005, 3000 BA, Rotterdam, The Netherlands