

## Claim form for a multi-trip travel insurance

**To be completed by ENNIA broker / ENNIA**

|                                   |                                    |
|-----------------------------------|------------------------------------|
| policy no. <input type="text"/>   | advisor's name                     |
| customer no. <input type="text"/> | advisor's no. <input type="text"/> |
| agent's name                      | advisor's telephone                |
| agent's no. <input type="text"/>  | agent's telephone                  |

**This claim form must be submitted together with the original police report, purchase and/or repair invoices, healthcare institution's discharge letter, statement by physician and original receipts. If several insured persons have incurred damage as a result of the same event a separate form must be completed and submitted for each individual.**

### ► Details of claimant

**claimant**  m  f

|  |           |
|--|-----------|
| last name                                      | street    |
| initial(s)                                     | house no. |
| first name                                     | city      |
| date of birth <input type="text"/>             | country   |
| bank   | telephone |
| bank account no.                               | fax       |
| policy no. of the insured <input type="text"/> | mobile    |
|  | email     |

have you ever filed a claim on a travel insurance before?  no  yes

if yes, at which insurance company?

**contact person**  m  f

|            |           |
|------------|-----------|
| last name  | telephone |
| initial(s) | mobile    |
| first name | email     |

### ► Claim

|   |      |
|---|------|
| date of incident <input type="text"/>       | time |
| place of occurrence (country, area, street) |      |

### ► Type of damage/loss

- damage to luggage (proceed to item 1)
- hobby and sports equipment (proceed to item 1)
- cash and cash equivalents (proceed to item 1)
- medical costs, including dental and accident related (proceed to item 2)
- air ambulance (proceed to item 2)
- repatriation of remains (proceed to item 3)
- extraordinary expenses, including travel interruption (proceed to item 4)

► **1. Damage to luggage** (specify costs in item 5 by means of invoices and/or receipts)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> luggage          | <input type="checkbox"/> replacement clothing and toiletries        | <input type="checkbox"/> instruments/equipment      |
| <input type="checkbox"/> travel documents | <input type="checkbox"/> items purchased during the trip            | <input type="checkbox"/> hobby and sports equipment |
| <input type="checkbox"/> valuables        | <input type="checkbox"/> bicycles (including wheelchairs and prams) | <input type="checkbox"/> cash and cash equivalents  |

valuable goods. (valuables, instruments/equipment and sports gear). Please state the brand, type, date of purchase and value

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description of the damage

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where were the goods located?

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where did you last see the goods?

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when did you first discover the theft/loss/damage?

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what measure did you take to limit the loss or to get back the lost goods?

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did you report the theft or missing goods?

no  yes

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if yes, to which authority?

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if no, why not?

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in the event of theft of goods from a vehicle, please state the brand, type, registration number of the vehicle and the rental company

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where and why, were the (stolen) goods kept in the car?

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did you purchase replacement clothing and toiletries?

no  yes

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in the event of damage, what does the damage consist of and what is the (likely) cause?

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is the damage covered by another insurance?

no  yes

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if yes, at which company?

policy no.

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is a deductible applicable?

no  yes

if yes, for what amount?

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► **2. Medical expenses** (specify costs in item 5 by means of invoices and/or receipts and/or medical report)

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> due to an accident | <input type="checkbox"/> due to sickness | <input type="checkbox"/> dental costs | <input type="checkbox"/> air ambulance |
|---|--|---------------------------------------|--|

what were the health problems due to the accident/sickness?

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where and when did the accident/sickness take place?

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description of the accident/sickness

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what do the injuries consist of?

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is a third party responsible for the accident?

no  yes

if yes, please state the details of the responsible third party. (name, address, place and phone number)

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has a police report been made up?

no  yes

if yes, by which authority?

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what were the health problems as a result of the sickness?

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did those health problems already exist at the start of the trip?

no  yes

did you use medication for these health problems?

no  yes

if yes, which?

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if the insured consulted a doctor, please state the details of the doctor. (name, address, place and phone number)

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when was the doctor first consulted?

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| d | d | m | m | y | y | y | y |

in the event of admission/treatment in a hospital, please state the name, address and place of the hospital

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date of admission

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| d | d | m | m | y | y | y | y |

were you transported by ambulance/ air ambulance?  no  yes

did you receive dental care?

no  yes

did you consult an assistance provider abroad?

no  yes

if yes, which?

ENNIA hulp  Europ Assistance

Case no.

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

are you insured against medical expenses elsewhere?

no  yes

name of company

policy no.

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

is a deductible applicable?

no  yes

if yes, for what amount?

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who is your general practitioner (at your place of residence)? Please state name, address and phone number

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► **3. Repatriation of remains** (enclose death certificate. Specify costs in item 5 by means of invoices and/or receipts)

local funeral or cremation

attendance of family members

transportation of remains to place of residence

extraordinary costs (proceed to item 4)

► **Details of the deceased**

|   |                        |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |      |
|---|------------------------|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|------|
| last name   | what caused the death? |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |      |
| initial(s)  |                        |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |      |
| first name  | where?                 |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |      |
| date of birth <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> |                        |   |   |   |   |   |   |   |   |  | d | d | m | m | y | y | y | y | y | y | time |
|   |                        |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |      |
| d   | d                      | m | m | y | y | y | y | y | y |  |   |   |   |   |   |   |   |   |   |   |      |
| how was the deceased transported?<br><input type="checkbox"/> by plane <input type="checkbox"/> by helicopter <input type="checkbox"/> by boat <input type="checkbox"/> otherwise, namely   |                        |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |      |
| was an assistance provider abroad consulted? <span style="float: right;"><input type="checkbox"/> no    <input type="checkbox"/> yes</span>   |                        |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |      |
| if yes, which? <input type="checkbox"/> ENNIA hulp <input type="checkbox"/> Europ Assistance    Case no. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>                   |                        |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |      |
|   |                        |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |      |
| was the journey (partly) undertaken for the purpose of receiving paramedical treatment? <span style="float: right;"><input type="checkbox"/> no    <input type="checkbox"/> yes</span>  |                        |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |      |
| what is the family relationship to the attending family member(s)?<br>_____<br>_____  |                        |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |      |

► **Details of person entitled to benefit**

|   |           |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |           |
|---|-----------|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|-----------|
| <b>person entitled to benefit</b> <input type="checkbox"/> m <input type="checkbox"/> f   | street    |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |           |
| last name   | house no. |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |           |
| initial(s)  | city      |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |           |
| first name  | country   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |           |
| date of birth <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> |           |   |   |   |   |   |   |   |   |  | d | d | m | m | y | y | y | y | y | y | telephone |
|   |           |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |           |
| d   | d         | m | m | y | y | y | y | y | y |  |   |   |   |   |   |   |   |   |   |   |           |
| ID no.  | fax       |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |           |
| bank  | mobile    |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |           |
| bank account no.  | email     |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |           |

► **4. Extraordinary costs** (specify costs in item 5 by means of invoices and/or receipts)

- travel interruption                       rescue and salvage work                       telecommunication costs  
 other necessary travel expenses                       damage to accommodation                       extra necessary accommodation costs

what was the reason/nature of the extraordinary costs incurred?  
\_\_\_\_\_  
\_\_\_\_\_

if your trip was interrupted, when and how would you usually have returned?  
\_\_\_\_\_  
\_\_\_\_\_

in the event of additional accommodation costs, where would you usually have stayed and what would the costs have been?  
\_\_\_\_\_  
\_\_\_\_\_

in the event of rescue and salvage work, was an assistance provider abroad consulted?  no     yes  
if yes, which?     ENNIA hulp     Europ Assistance    Case no. 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

in the event of damage to accommodation, please state the name, address and phone number of the accommodation.

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were any other travel costs incurred?

no  yes

if yes, which and for what reason?

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**► 5. Specification of costs by purchase invoices and/or receipts**

**currency**  ANG  AWG  USD

description

amount

date of invoice

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
|   |   |   |   |   |   |   |   |  |  |  |  |
| d | d | m | m | y | y | y | y |  |  |  |  |

paid by insured  no  yes

description

amount

date of invoice

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
|   |   |   |   |   |   |   |   |  |  |  |  |
| d | d | m | m | y | y | y | y |  |  |  |  |

paid by insured  no  yes

description

amount

date of invoice

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
|   |   |   |   |   |   |   |   |  |  |  |  |
| d | d | m | m | y | y | y | y |  |  |  |  |

paid by insured  no  yes

description

amount

date of invoice

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
|   |   |   |   |   |   |   |   |  |  |  |  |
| d | d | m | m | y | y | y | y |  |  |  |  |

paid by insured  no  yes

description

amount

date of invoice

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
|   |   |   |   |   |   |   |   |  |  |  |  |
| d | d | m | m | y | y | y | y |  |  |  |  |

paid by insured  no  yes

description

amount

date of invoice

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
|   |   |   |   |   |   |   |   |  |  |  |  |
| d | d | m | m | y | y | y | y |  |  |  |  |

paid by insured  no  yes

description

amount

date of invoice

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
|   |   |   |   |   |   |   |   |  |  |  |  |
| d | d | m | m | y | y | y | y |  |  |  |  |

paid by insured  no  yes

description

amount

date of invoice

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
|   |   |   |   |   |   |   |   |  |  |  |  |
| d | d | m | m | y | y | y | y |  |  |  |  |

paid by insured  no  yes

description

amount

date of invoice

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
|   |   |   |   |   |   |   |   |  |  |  |  |
| d | d | m | m | y | y | y | y |  |  |  |  |

paid by insured  no  yes

description

amount

date of invoice

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
|   |   |   |   |   |   |   |   |  |  |  |  |
| d | d | m | m | y | y | y | y |  |  |  |  |

paid by insured  no  yes

description

amount

date of invoice

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
|   |   |   |   |   |   |   |   |  |  |  |  |
| d | d | m | m | y | y | y | y |  |  |  |  |

paid by insured  no  yes

description

amount

date of invoice

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
|   |   |   |   |   |   |   |   |  |  |  |  |
| d | d | m | m | y | y | y | y |  |  |  |  |

paid by insured  no  yes

► **Details**

► **Declaration and signature**

As the insured I must answer the questions asked in this claim form as completely as possible. This also applies to facts and conditions that are related to other insured other than the policyholder. I am aware that the insurance contract may be terminated and/or the entitlement to a payment may be limited or cancelled as a whole should this claim form contain incorrect or incomplete information.

Questions of which I assume the insurer already has the answer must also be answered as completely as possible.

Facts and circumstances that I become aware of after I have signed and submitted this form, but before the insurer has informed me about the insurer's definite decision, must also be reported to the insurer.

Be assured that ENNIA will be discrete with the (personal) data specified on this form.

date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| d | d | m | m | y | y | y | y |

city and country

signature of insured

► **Explanatory note about personal data**

ENNIA will process the personal data that you submit for taking out and executing insurance contracts and other financial services and to manage the relationships that arise from this. Moreover, personal data is processed in connection with supporting activities that focus on preventing and fighting fraud and performing activities that focus on the expansion of services and increasing our relational database. Privacy regulations apply to the processing of personal data. The rights and duties of the parties with regard to data processing are defined in these privacy regulations. We will supply the privacy regulations free of charge upon request.

► **Your identity**

Financial institutions such as ENNIA Caribe Schade N.V., ENNIA Caribe Leven N.V. and ENNIA Caribe Zorg N.V. must determine and verify your identity because of different legislation and regulations including the Money Laundering and Terrorist Financing (Prevention) Act. This means that ENNIA will ask you to submit valid proof of your identity before starting a business relationship with you. This means for natural persons that you must submit your cedula, driver's license or passport. This means for businesses and companies that you must submit a valid Chamber of Commerce registration (that is not older than 6 months). ENNIA will, if required, make a copy of your valid identity document and verify this. Verification can take place in different ways in accordance with the policy of ENNIA. The information that ENNIA collects about you is part of your personal data. This data is processed and managed in ENNIA's customer administration by ENNIA. Your data will be processed and managed in accordance with the Personal Data Protection Act of the country where you enter into a financial relationship with ENNIA. ENNIA ensures in this way that it always meets the rules set by the supervisory body.