



Claim form

(Business) Travel Insurance

Please note:

- An incomplete claim form will not be processed and shall be returned.
- If the costs of medical treatment and/or repatriation are also insured elsewhere, please submit the bills to your own health insurer.
- Please add additional details on a separate sheet or in an email with the name, address and policy number of the insured.

Policy number

Personal data person involved

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Date of birth
Postal code / Residence / Country	E-mail
Telephone	IBAN
Profession	

1. Travel period

On which date did your journey began?
 What was the intended travel period? **(please enclose travel documents)**
 What kind of journey was it? business study vacation
 How many family members went on travel with you?

2. Accident

Where did the accident take place?
 Address
 Postal code/ Residence
 When did the accident take place? Date _____ Time _____
 Please give a clear description of the event as well as an indication of the cause of the accident

 In case of injury: nature of the injury
 In case of death: the cause of death

3. Illness

Date and nature of the illness? Date _____ Nature _____
 Has the insured suffered from the same complaints before? No Yes, if so, when and during what time?

 Was the insured under medical treatment at the moment the journey began? No Yes

4. General, for accident and illness

On which date a doctor was consulted? Date _____
 Name of the health insurance company _____ Policy number _____
 Do you have another accident insurance? No Yes, name _____ Policy number _____
 Do you have roadside assistance service? No Yes, with _____ Number _____
 Is the incident in your opinion the fault of someone else? No Yes, namely
 Name _____
 Address _____ Telephone _____
 Postal code / Residence / Country _____ E-mail _____

5. Extra costs due to an accident, illness or extraordinary costs

Hotel costs	€
Travel costs hospital visit	€
Travel costs to home address	€
Telephone costs	€
Other costs	€

Please specify these costs

6. Specification of the medical expenses due to an accident or illness (please submit reimbursement letter from the health insurance)

Description:	Bill from:	Amount:
		€
		€
		€
		€
		€
Total		€

7. Travel (purchase of emergency) luggage (please enclose invoices or other evidence)

- Please note:**
- in case of damage, loss or delay due to or during transport by airline please enclose a P.I.R., ticket, delivery note and such.
 - in case of stolen or lost luggage a report must be obtained by the local police or by the hotel management.

Where did the incident take place (please provide a full address)?

Address		
Postal code / Residence		
Date and time of the event?	Date	Time

Please give a clear description of the event as well as the cause of the incident

Did the loss, delay or missed connection involve (a) scheduled flight(s) No Yes, name airline company

When did you receive the delayed luggage? Date Time

In case of theft from a car, in which compartment was the luggage placed?

To whom was the incident reported?

<input type="checkbox"/> police	Name police officer / address / country
<input type="checkbox"/> hotel management	Name employee / address / country
<input type="checkbox"/> elsewhere	Name / address / country

Is the luggage insured elsewhere? No Yes, name insurer / policy number

Are valuables insured separately? No Yes, name insurer / policy number

Who is the owner of the insured luggage?

Details of the damaged and/or lost objects:

Description	Purchase date	Purchase cost	Supplier	Repair costs or claim amount:	Characteristics:
		€		€	
		€		€	
		€		€	
		€		€	
			Total	€	

- Please note:**
- Please keep the damaged luggage in your possession in the event of a possibly necessary investigation into the cause of the damage or to determine the extent of the damage sustained.
 - Please send us a copy of your policy or certificate of insurance.

Privacy, (sanctions) laws and regulations

Underwriters process your personal data in accordance with applicable legislation and regulations, such as the General Data Protection Regulation and the General Data Protection Regulation Implementation Act, and also comply with the Code of Conduct for the Processing of Personal Data by Financial Institutions. This code of conduct can be requested via www.verzekeraars.nl.

Underwriters are the Controller.

Any personal data provided when submitting a claim are processed by the underwriters for the purpose of:

- performing agreements and, within that context, handling your claim;
- compliance with statutory requirements;
- conducting statistical and scientific analyses;
- conducting fraud checks and compliance with (sanctions) laws and regulations by means of the FISH database and the Compliancy Check;
- providing insight (including for other insurers) of all (neutral) claims by means of the Foundation CIS (www.stichtingcis.nl).

To properly perform their work, the underwriters are affiliated with the Central Information System Foundation (CIS) in The Hague. The objective of the Foundation is to collect and store insurance data for insurance companies and authorised agents to combat fraud and crime. To achieve this goal, affiliated parties may also exchange data among themselves.

If you notify a claim, we always record the data of this incident and your personal data with the Foundation CIS. It does not matter if the incident is caused by you. Do we end your insurance when you committed fraud or you did not meet your contractual obligations, for instance did not pay your premium? Then we can record this data along with your personal data with the Foundation CIS. If we do, we will inform you accordingly. In this way we want to keep risks manageable and counteract fraud. More information and the Privacy policy of the Foundation CIS can be found at www.stichtingcis.nl.

Underwriters may process data about your health or your criminal record. In that case, Underwriters will comply with applicable rules.

Underwriters may, in some cases, engage other parties to provide services relating to the application for, amendment or performance of the insurance contract. For more information on which third parties may receive your personal data, please refer to our privacy statement at: www.hienfeld.nl.

You may inspect, modify or even transfer the personal data we process. For more information about the personal data we process about you, the purposes, the applicable retention periods and your rights, please visit www.hienfeld.nl in the privacy statement at: www.hienfeld.nl. There you will also find more information about the Data Protection Officer of the Underwriters.

Signing

The undersigned herewith declares that all foregoing information is in all respects complete and correct.

Place

Date

Digital signing - by ticking or signature (after printing)
- by certificate

Sending

After completing and signing this form, please send to W.A. Hienfeld B.V. to the attention of claims department, P.O. Box 75133, Amsterdam, The Netherlands or (scan and) email to schade@hienfeld.nl.