

Travel and cancellation insurance claim form

Important:

- Fill in all applicable questions as completely as possible, this will avoid delays in the claim handling process.
- We prefer receiving your claim by e-mail. If you decide to send your documents by e-mail, please remember to keep the original documents, as we may still ask for them for verification purposes. You can also send your claim by post if you prefer.
- Make sure to enclose any declarations, deeds and other evidence right from the start.
- Make sure your answers are clearly readable, please use capital letters.
- Make sure to sign the form after completing it. Unsigned forms will not be handled.
- Return the completed form as soon as possible after the loss event and at the latest within the term specified in the general terms and conditions of your contract.

Claim type:*

- Accident (complete sections A and B)
- Sickness (complete section A)
- Extraordinary costs (complete section C)
- Loss/damage of luggage (complete section D)
- Travel inconvenience (complete section E)
- Cancellation (complete section F)
- Liability (complete section G)
- Legal Assistance (complete section G)

* Please tick as appropriate.

Policy number:

Policyholder:

Surname and initial(s): M F

Street and house number:

Postcode and city:

Date of birth:

Telephone number **Home:** **Mobile:**

E-mail address:

Bank account number/ IBAN:

BIC / SWIFT code of your bank:

Insured party: (who suffered damage)

Surname and initial(s):

Address:

City:

Date of birth:

Telephone number

Home:

Mobile:

Trip

Trip start date:

Trip end date:

Private trip from:

To:

Business Trip From:

To:

A. Information about the disease and/or accident:

A1 **When was the first medical care provided? Date (dd-mm-yyyy)**

Name of the care provider:

What are the victim's symptoms?

What is the diagnose (if already known)?

A2 **Is the insured still receiving treatment now?**

Yes No

If so, please state the name and address of the treating physician:

A3 **Has the insured been referred to a specialist?**

Yes No

If so, when and to which specialist?

A4 **Has the insured previously suffered from the same symptoms?**

Yes No

If so, which symptoms and when?

A5 **Is the insured deceased as a result of the accident?**

Yes No

A6 **Name of the insured's healthcare insurance.
Under which policy number?**

B. To be filled in after an accident:

B1 **Date of the accident (dd-mm-yyyy):**

Time (h:m):

B2 **City and street of the accident:**

Exact location:

B3 **Accident caused by:*** The insured Unknown Third party

Name of the third party:

Address of the third party:

Telephone number:

B4 **Did you report the accident?**

Yes No

*If so, please enclose the report.

B5 **Description of the cause of the accident** (describe the cause, and if necessary, add an accident scene sketch / explanation on a separate sheet)

Submit all bills to your healthcare insurer first and/or get treated at the expense of your healthcare insurer. Please specify any incurred medical costs below in order to guarantee quick handling.

Description	Name of the specialist/ pharmacist*	Datum	Amount in foreign currency	Amount in Euro	Healthcare insurer compensation
				€	
				€	
				€	
				€	
				€	
				€	

* Please scan and send the bills of all incurred costs.

C. Information about the provision of care and/or exceptional costs

C1 **What do the costs consist of?**

C2 **Why did you have to make these costs?***

* The necessity must be demonstrated by means of a doctor's statement.

D. Information about the loss/damage of luggage

Object	Bought from*	Date	Price	Damage / Repair sum (estimate)*
			€	€
			€	€
			€	€
			€	€
			€	€
			€	€
			€	€

* Please enclose the invoice/ticket and/or other evidence.

D1 **Do the above items belong to the insured?** Yes No

Can the damaged items be repaired? Yes No

If not, why is this not possible?

D3 **Where are the damaged items?**

D4 **Where and when can the damage be assessed?**

D5 **Is the luggage insured elsewhere?** Yes No

If so, with which insurance company and under which policy number?

Did you also submit a claim to this insurance company or do you intend to do so? Yes No

D6 **Further explanation**

E. Information about travel inconvenience

E1 When and where did the loss occur? Where did the delay take place, or where did you miss your connection?

E2 Did it involve (a) scheduled flight(s)? Yes No

Name of the airline company:

In case of a loss/delay of or damage to luggage the following question must also be answered:

E3 **Description of the circumstances which caused the delay.**

E4 **On what date and at what time did you receive the delayed luggage?***

Date (dd-mm-yyyy):

Time (h:m):

**Also enclose the delivery note stating date and time.*

F. Cancellation:

F1 **On which date did you book the trip?**

F2 **How much was the total travel sum?***

**Please enclose the reservation document.*

F3 **On what date did you cancel the trip?***

F4 **How many people were affected by the cancellation or interruption?***

F5 **What is the amount of your loss?*** €
 *Please enclose the cancellation note.

F6 **What is the reason of cancellation?**

Please enter below when disease/symptoms gave cause to the cancellation

F7 **When did the disease/symptoms reveal itself/themselves?**

F8 **Was the patient admitted to a hospital before the trip?** Yes No

F9 **Where did the hospitalization take place and during which period?***

*Please enclose a declaration from the doctor.

F10 **Has/have this disease/these symptoms caused problems before?** Yes No

If so, when and who was the treating physician at the time?

G. Liability/Legal Assistance:

G1 **Date when the event or dispute took place**

G2 **Describe the event or the dispute you need(ed) legal assistance for**

G3 **Which parties are involved, besides the insured?** name

Street and house number:

Postcode and city:

G4 **Is there any written evidence?** Yes No

If so, please enclose it

G5 **What are the costs?** €

G6 **If a physical injury was incurred by the insured, please complete the information below**

What was the injury incurred?

Where is the insured cared for at this moment?

Was help called in immediately? Yes No

G7 **If damage is caused to certain items, please complete the overview below:**

Object	Bought from*	Date	Current value	Damage / Repair sum (estimate)*
			€	€
			€	€
			€	€

*Please enclose the invoices.

G8 **Did the police or other (government) authority take an official statement?** Yes No

If so, which police station/department and/or authority*?

What is the official statement/report number?

*Please enclose the official statement/report.

G9 **Who is liable in your opinion?**

Why?

G10 **Did you hold the third party liable?*** Yes No

G11 **Did the third party hold you liable?*** Yes No

*If so, please enclose the letter.

The undersigned declares:

- to the best of his/her knowledge, to have answered the aforementioned questions and made the statements correctly and truthfully, and not to have concealed any particularities with regard to this claim;
- to provide this claim form and any additional information to the insurer in view of determining the exact loss and the right to compensation;
- to acknowledge the content of this form.

Date

City

Signature

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ACE has acquired Chubb, creating a global insurance leader operating under the renowned Chubb name. ACE European Group Limited, a Chubb company, is authorised by the Prudential Regulation Authority (PRA) in the United Kingdom under number 202803. Registered office: 100 Leadenhall Street, London EC3A 3BP, company number 1112892. ACE European Group Limited, Netherlands Branch, Marten Meesweg 8-10, 3068 AV Rotterdam, is registered at the Dutch chamber of commerce under number 24353249. In the Netherlands, it falls under the conduct of business rules of the Authority Financial Markets (AFM).