Gouda Expatriate Policy

Claim Form Medical Expenses

For the customer

Wij zijn...

Geert Bouwmeester was pas 22 toen hij in 1924 voor zichzelf begon. Een overloop werd ingericht als kantoorminte en de eerste polissen werden op de fiets rondgebracht. Sindsdien is ons bedrijf enorm gegroeid en is er veel veranderd. Maar ondanks deze groei zijn wij nog steeds een onafhankelijk familiebedrijf en werken we nog steeds vanuit ons ondernemershart.

Verzekeringen voor ondernemers

Wij richten ons vooral op verzekeringen voor ondernemers. Mannen en vrouwen die hard werken aan het succes van hun bedrijf. Die op zoek zijn naar zekerheid en gemak. En naar goede en praktische verzekeringsoplossingen, voor elke fase van hun ondernemerschap.

Onafhankelijke adviseurs

Onze samenleving wordt steeds ingewikkelder. Particulieren en ondernemers hebben behoefte aan iemand die hen kent en een advies geeft dat helemaal is afgestemd op hun persoonlijke situatie, wensen en mogelijkheden. Daarom werken wij nauw samen met onafhankelijke adviseurs, die als geen ander in staat zijn om de juiste oplossing samen te stellen.



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Important notice

In the event of admission to a hospital we request that you report this as soon as possible to Gouda Assistance, in which case a guarantee is given to the relevant hospital. Telephone +31 71 56 81 89 2. Gouda Assistance must be informed of an insured person being admitted to hopital for daycare or inpatient reatment within 48 hours after admittance in order to confirm the conditions of cover. Gouda Assistance must be notified in advance in order to be eligible for reimbursement of Additional travel and accommodation costs and/or expences for Repatriation of mortal remains.

When in need of medical services in the USA, contact Gouda Assistance USA to arrange your billing prior to seeking care. Telephone 001 800 694 9832.

Claims for all medical expenses can only be processed if the claim form is filled in completely and if it is accompanied by original bills. Please complete a separate form for each illness/injury and for each person and ensure the treating doctor completes the Medical Certificate overleaf. Invoices must be submitted within one year after the date of issue.

As soon as your excess is exceeded return the form(s) with all original documents to: Gouda Insurance, P.O. Box 9, 2800 MA Gouda, the Netherlands

1. Details policyholder			
Name		□ Mr	☐ Mrs
Policynumber			
Commencement date coverage (d-m-y)			
2. Details insured			
Name and first name(s)		□ Mr	☐ Mrs
Date of birth (d-m-y)			
adress in the country of residence			
Street and housenumber			
Postal code	Town	Country	
Telephone			
E-mail			
adress in the home country			
Street and housenumber			
Postal code	Town	Country	
Telephone			
3. Claim			
Continuation of previous claim. If this is a continuation of a p that you have already claimed under this policy, then please	revious or current claim state claim number		
Settlement of claim			
To whom do you wish settlement paid?			
Street and/housenumber			
Postal code	Town	Country	
Bank account number	Name and city of the bank		
IBAN code	BIC code		

ind of illness and/or accident				
your claim relates to an accident, give full details possible liable party	of time, location and of your inj	uries. Also give full det	ails of any witness	ses to your accident (
nvoice/claim*	Invoicenumber	Date (d-m-j)	Currency	Amount
Please fill in claim form completely and include copies of th	e bills and/or declarations		·	
. Signature (You can send this form to claims@gou	udse.com)			
y completing and submitting this form you declare ith the truth. You also declare that you have provi aim to benefits.	e that you have answered the ab ded the information correctly ar	pove questions to the band in full and that you h	est of your knowle ave not withheld d	dge and in accordar etails concerning th
ou declare to send this claim form and any reques syment.	ted additional information to D	e Goudse to determine	the extent of the d	amage and the righ
l data provided can be processed in the database etherlands. The privacy regulations of Stichting Cl			ance companies c	perating in the
portant! It is very important that you complete thi ing reduced or even canceled altogether.	s claim correctly and completely	y. Failure to do so may r	esult, among othe	rthings, in the bene
aud and other forms of crime cost honest policyh	olders money. We are alert to th	is in your and our interests in the signaling syst	est. In the case of t	fraud and crime we o

| Signature policyholder/insured*

Date (d-m-y)

 $[\]star$ In the case of a minor, a signature of the parent or guardian.