

Expatriate Package

General claim

For the customer

Who we are...

Geert Bouwmeester was only 22 years old when in 1924 he started his own company. A small space was converted into an office. The first policies were distributed by bike, a traditional Dutch mode of transport. Since then our company has gone through exponential growth and therefore a lot has changed. Despite our present size we are still an independent family business that has kept its entrepreneurial spirit.

Insurances for entrepreneurs

Our focus is on supplying insurance solutions for entrepreneurs. Men and women who work hard at achieving success for their companies, who seek security and convenience. And who are looking for good and practical insurance solutions for each phase of their entrepreneurship.

Independent advisors

Our society is becoming more and more complex. Both individuals and entrepreneurs have the need for advice given by third parties who know their specific requirements and can advise them accordingly. Therefore, we work closely with independent brokers, who like no other are capable of providing the right customized solution.

Expatriate Package

General claim

Important!

We can process your claim faster if this form is filled in completely and is legible. Please include copies of all invoices and other documents that may be important for the handling of your claim with this form. Please send us a separate claim form for every incident/damage. You can email the fully completed form to claims@goudse.com.

You can submit your claim up to one year after the date of the damage.

1. Claim concerning

- Household contents and/or valuables Luggage continuous travel Cancellation SOS Assistance
 Private liability (Family)accidents

2. Details policyholder

Name and first letters

Policy number

3. Details main insured

Name and first names *(First in full)*

Male Female

Date of birth *(d-m-y)*

Address in country of residence

Street name and number

Post code

Town

Country

Telephone

Email

Bank account *(IBAN)*

Accountholder

4. General information damage / incident

Name and first name of claiming insured

Male Female

Date of birth *(d-m-y)*

Date of the damage *(d-m-y)*

Time of day

Country/Town/address of damage

Circumstances *(Add a situation sketch and / or explanation on a separate sheet if necessary)*

Report

Filed a report at	<input type="checkbox"/> Transport company	<input type="checkbox"/> Police, in (Town)	<input type="checkbox"/> otherwise, namely
Have the police been at the site?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, in (Town)	On date (d-m-y)
Did the transport company prepare a PIR report?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please send along)	
Police report drawn up?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please send along)	
Has the damage / incident been reported to			
<input type="checkbox"/> De Goudse	<input type="checkbox"/> No	<input type="checkbox"/> Yes, date (d-m-y)	by <input type="checkbox"/> Telephone <input type="checkbox"/> Email
<input type="checkbox"/> Insurance advisor	<input type="checkbox"/> No	<input type="checkbox"/> Yes, date (d-m-y)	by <input type="checkbox"/> Telephone <input type="checkbox"/> Email
<input type="checkbox"/> Other, namely	<input type="checkbox"/> No	<input type="checkbox"/> Yes, date (d-m-y)	by <input type="checkbox"/> Telephone <input type="checkbox"/> Email

Witnesses

Here you can name possible witnesses.

Witness 1

Name and first letters	date of birth (d-m-y)	
Street name and number		
Post code	Town	Country

Witness 2

Name and first letters	date of birth (d-m-y)	
Street name and number		
Post code	Town	Country

Cause of damage / incident

In your opinion, who is to blame / who caused the damage / incident?

- Insured
- Unknown
- Counterparty, name and first letters

Street name and number		
Post code	Town	Country
Insured with (Insurance company)		Policy number

Why do you consider this person guilty?

Are there other accomplices?

- No
- Yes, name and first letters

Street name and number	
Post code	Town

Other insurances

Are you insured elsewhere against this type of damage or this type of accident?

- No
- Yes, insurance company

Type of insurance	Insured amount	€
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5. Details household contents, valuables and luggage continuous travel *(Fill in if applicable)*

You must immediately contact De Goudse in the event of damage to household contents on telephone number +31 (0) 182 544 768.

Details of damaged and/or missing items *(send original purchase invoices)*

Brand/Type/Name	Date of purchase <i>(d-m-y)</i>	Purchase amount
		€
		€
		€
		€

If there is not enough space, send a separate appendix.

Is repair possible? No *(Send a statement of the repairer)* Yes *(Send a repair invoice)*

Other insurances

Are you insured elsewhere against this type of damage?

No Yes, with *(Insurance company)* | Policy/ certificate numbers

Type of insurance | Insured amount €

Do you receive reimbursement under this insurance policy? Yes, what amount *(send payment confirmation)* €

No, explanation

Damage forced entry

Signs of forced entry

No Yes, damage assessed on *(d-m-y)* | By

Damage is Irreparable Repairable *(Send estimate)* | Amount €

Has the repair already been carried out?

No Yes, by *(name repairer)*

Street name and number

Post code | Town

Country

Telephone

Amount € *(send original invoices)*

6. Details cancellation

Details travel agency at which the travel / rental agreement was canceled.

Date of cancellation *(d-m-y)* | How much was the paid travel / rental sum? €

What amount is refunded by the travel agency? *(send a booking invoice and cancellation invoice)* €

Reason cancellation

8. Private liability *(fill in if applicable)*

Enclosing the notification of liability, original letters, invoices, etc. is absolutely necessary.
You must immediately contact De Goudse if there is a claim for liability via telephone number +31 (0)182 544 768.

Type of damage

- Personal injury Material damage

Counterparty

Name and first letters counterparty _____ | Date of birth *(d-m-y)* _____

Street name and number _____ | Telephone _____

Email address _____

Post code _____ | Town _____ | Country _____

Bank account IBAN _____

BIC code _____

Relationship between the insured and the counterparty _____

Is the counterparty insured against this type of damage?

Unknown

No

Yes, insurance company, _____ | Policy number _____

Type of insurance _____

Damage reported to this insurance company? Yes No

9. (Family) accidents *(fill in if applicable)*

Moment accident Outside profession During profession

Description and cause of the accident (possibly include a situation sketch / explanation separately)

Description injury _____

Is permanent injury to be expected? No Yes *(send statement doctor)*

Medical assistance

Date of first medical assistance *(d-m-y)* _____

10. Signature *(You can send this form to claims@goudse.com)*

By completing and submitting this form you declare that you have answered the above questions to the best of your knowledge and in accordance with the truth. You also declare that you have provided the information correctly and in full and that you have not withheld details concerning the claim to benefits.

You declare to send this claim form and any requested additional information to De Goudse to determine the extent of the damage and the right to payment.

All data provided can be processed in the database of the Central Information System Foundation of insurance companies operating in the Netherlands. The privacy regulations of Stichting CIS apply to the registration. See www.stichtingcis.nl.

Date _____ | Town _____

Signature policyholder/insured *

* In the case of a minor, a signature of the parent or guardian.