

Expatriate Package

General claim

For the customer

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	€
-------------------	----------------	---

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

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.

Important! It is very important that you complete this claim correctly and completely. Failure to do so may result, among other things, in the benefit being reduced or even canceled altogether.

Fraud and other forms of crime cost honest policyholders money. We are alert to this in your and our interest. In the case of fraud and crime we do not pay out and we can terminate the insurance(s). We then include the personal data in the signaling system that all insurers use. We can also file a report with the police or the Public Prosecution Service.

Date

Town

Signature policyholder/insured *

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