

CLAIM FORM

Special ISIS, ISIS Continuous, ISIS Incoming and ISIS Au Pair

HOW DO YOU FILL IN THIS FORM AND TO WHICH ADDRESS DO YOU SEND IT?

There are three options

- You can fill it in with a pen and place your signature on it.
- You can fill it in digitally, print it and place your signature on it.
- You can fill it in digitally. You do not place a signature. Instead, put a check mark at the bottom of the form whereby you declare your agreement and send a copy of your identification card. Please make sure your Social Security Number (BSN) is not legible. you can make use of the Copy ID app. This allows you to take a photo and then digitally puts a line through your BSN. You can then mail this to yourself and then to us. If you make a copy of your driver's license, this is not necessary, as your Social Security Number will be on the back.

Have you filled everything in completely according to one of the three options above? Then mail your form and the attachments (see below) to claims@goudse.com.

Or send it to: Goudse Verzekeringen, Postbus 9, 2800 MA Gouda.

We prefer to receive a digital form as these are more legible.

WHAT DO YOU SEND?

Enclose copies of the documents that we need to process your claim. Such as a police report, statement from a transport company, purchase invoice, doctor's bill, bank statement, photos, and booking & flight details. Save the original documents as we may request to see them.

Policy number

DETAILS POLICYHOLDER

Name and first name(s)		<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs
Street	Number	Postal code	
Telephone	Email		
Date of birth (d-m-y)	Nationality		
Bank account IBAN	Accountholder		
Country of residence			
Purpose of the trip <input type="checkbox"/> Touristic <input type="checkbox"/> Study <input type="checkbox"/> Internship <input type="checkbox"/> Working holiday <input type="checkbox"/> Au Pair <input type="checkbox"/> Other, namely			

DAMAGE TO LUGGAGE

Date (d-m-y)	Time (a.m./p.m)
Town/address of the damage	

Detailed description how the loss, damage or theft took place. (Possibly attach a document with extra explanation or a situational picture)

Is the loss, damage or theft already reported?

- Police, place
- Transport company. Has the transport company (partially) reimbursed? No Yes, price €
- Other, namely

DAMAGE AMOUNT

Objects	Purchased where and when (d-m-y)	Purchase price
		€
		€
		€
		€

Is the damage repairable?
 No Yes, the object is repaired by

Do you have another insurance for the loss, theft or damage?
 No Yes, insurance company

Policy number

Kind of insurance	Sum insurance	€

Will you receive a reimbursement on this insurance? Yes, price (attach payment confirmation) €
 No, details

MEDICAL COSTS ILLNESS AND/OR ACCIDENT (ONLY REPORT INSURANCE COSTS IF YOUR HEALTH INSURER DOES NOT REIMBURSE THEM)

Name insurer	Diagnosis	Date of birth policy holder (d-m-y)	Date on wich the illness started	Date of visit (d-m-y)	Accident	Price & currency
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

HEALTH INSURANCE

Who is your health insurer? Policy number

Will you receive a reimbursement on this health insurance? Yes, amount (Attach specifications health insurer) €
 No, details

ACCIDENT INSURANCE

Date (d-m-y) Time (a.m./p.m)

Town/address of the accident

Detailed description of how the accident took place

Effects accident/ details personal injury

Amount of extraordinary costs	Currency	Amount

Detailed description of the reason you made costs

PRIVATE LIABILITY

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)182 544 903.

TYPE OF DAMAGE

- Personal injury Material damage

COUNTERPARTY

Name and first letters counterparty		Date of birth (d-m-y)
Street name and number		Telephone
Post code	Town	Country
Email		
Bank account IBAN		
BIC code		
Relationship between the insured and the counterparty		
Is the counterparty insured against this type of damage?		
<input type="checkbox"/> Unknown		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes, insurance company,		Policy number
Type of insurance		
Damage reported to this insurance company?		<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this form, you declare:

- that you have taken note of the content of this form;
 - that you have answered all questions completely, correctly and truthfully to the best of your knowledge;
 - and that you have not withheld any information that may be of interest to us in connection with a possible entitlement to a benefit.
- The information provided can be processed at the Central Information System Foundation for insurance companies operating in the Netherlands (CIS) in The Hague. The privacy regulations of the CIS Foundation apply. See www.stichtingcis.nl.

- Confirmation insured person

Date (d-m-y)	Town	Signature of insured person
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