

Gouda Expatriate Policy

Claim Form

For the customer

Wij zijn...

Geert Bouwmeester was pas 22 toen hij in 1924 voor zichzelf begon. Een overloop werd ingericht als kantoorruimte 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.

Gouda Expatriate Policy

Claim Form

Important notice

Claims for all expenses can only be processed if the claim form is filled in completely and if it is accompanied by original bills. In case of theft, loss or damage, official proof and/or documents signed by police or other official authority must be enclosed. Without proper documentation, no benefits can be obtained.

Please complete a separate form for each illness/injury and for each person.

As soon as your excess is exceeded return the form with all copy documents to: Gouda Insurance, P.O. Box 9, 2800 MA Gouda, the Netherlands. Invoices must be submitted within one year after the date of issue.

1. Claim Concerns

- Household Contents Continuous Travel Personal Liability Accident Emergency assistance

Continuation of previous claim. If this is a continuation of a previous or current claim that you have already claimed under this policy, then please state claim number

2. Details policyholder

Name Mr Mrs

Telephone

E-mail

3. Details claiming insured

Name and first name(s) Mr Mrs

Date of birth (d-m-y)

Adress

Street and housenumber

Postal code | Town | Country

Street and housenumber

Bank account IBAN

Accountholder

4. Household contents or continuous travel (fill-in only if applicable)

Loss, damage or theft (if you don't have enough space, please use the backside of this form)

When and where did the loss, damage or theft take place? (as accurate as possible)

Location

Street and housnumber

Postal code | Town

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

Detailed description how the loss, damage or theft took place

Specification of missing/stolen or damaged objects (enclose copies of the bills or repair bill)

Objects	Purchase price & currency	Purchased where and when (d-m-j)	Cost of repair & currency

If the damaged objects cannot be repaired, then please enclose a statement from a professional body stating that the damaged objects cannot be repaired.

Police report

Did you report the loss or theft to the police or other local authority? No Yes, (enclose police statement)

If the police office refused to give a statement, what was the reason for this?

Address of this police office

Street and housenumber | Town

Details of the event

Were there any witnesses? No Yes (if you need more space, please use an annex)

1. Name

Street and housenumber

Postal code | Town | Telephone

2. Name

Street and housenumber

Postal code | Town | Telephone

Is there evidence of unlawful entry? No Yes, (describe)

Is the damage repairable? No Yes, costs (send us the estimate/quotation)

Has the object already been repaired? No Yes, price (send us the original bills or invoices)

Name repairer

Street and housenumber

Postal code | Town | Country

Telephone | E-mail

Do you have another insurance for loss, theft or damage to luggage?

No Yes, insurance company | Policy number

Do you have an insurance for valuable objects?

No Yes, insurance company | Policy number

In the event of burglary, you are required to call Gouda Insurance or your insurance agent at the earliest opportunity.

For luggage claims: Did you report the loss to the airline/transport company?

No Yes, company | Details

Is the loss, damage or theft already reported?

No Yes, date (d-m-y) per Telephone Email

To Gouda Insurance Gouda Assistance insurance agent Other, namely

Note: Due to possible recovery of claims, we urgently request you not to make any compensation arrangements or agreements with possible liable people or their insurance company, without first consulting us.

5. Cancellation/Curtailment/Travel delay/Missed departure charges

Detailed description of the reason for cancellation/curtailment/travel delay/ missed departure

Touroperator

Purpose of the trip vacation work other, please specify

Travelling period (d-m-y) from to

Reservation date (d-m-y) Cancellation date (d-m-y)

Price of trip € Cancellation costs €

Do you have another insurance which may cover cancellation or early return?

No Yes, insurance company | Policy number

Have you informed this insurance about the loss, theft or damage?

No Yes, file number

Did you receive a reimbursement from that insurance?

No (please include written denial) Yes, how much?

Please state the names of the people who were to travel with you and had to cancel

Name	Date of birth (d-m-j)	Cancellation
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Personal liability (fill-in only if applicable)

Please enclose a signed statement in which the third party states that he/she holds you liable for damage.

Liability for damage to other people property of others than the insured

Counter party

Name and first name(s)

Street and housenumber

Postal code | Town | Country

Telephone | Email

Relationship insured/counter party

Bank account IBAN

Accountholder

Incident

Detailed description how the incident took place

Is the counter party insured him/herself against this accident/damage?

Unknown No Yes, insurance company

Type of insurance policy number

Is the damage already reported to this company?

No Yes Unknown

Is the accident/damage already reported?

No Yes, date (d-m-y) per Telephone Email

To Gouda Insurance Gouda Assistance Insurance agent

Note: Due to possible recovery of claims, we urgently request you not to make any compensation arrangements or agreements with possible liable people or their insurance company, without first consulting us.

7. Personal accident (Fill-in only if applicable)

When and where did the accident take place? (as accurate as possible)

Location

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

Detailed description of the how the accident took place.

Did you report the loss or theft to the police or other local authority?

No, because

Yes, municipality (enclose police statement)

First date of medical help (d-m-y)

General practitioner

Name

Street and housenumber

Postal code | Town | Country

Telephone | E-mail

Specialist

General practitioner

Name

Street and housenumber

Postal code | Town | Country

Telephone | E-mail

Hospitalization address insured person

Name

Street and housenumber

Postal code | Town | Country

Telephone | E-mail

Has the accident already been reported?

No Yes, date (d-m-y) per Telephone Email

To Gouda Insurance Gouda Assistance insurance agent Other, namely

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8. Emergency Assistance

Detail description of the reason you made costs

Specification of the costs

Assistance provider	Costs	Currency
	€	
	€	
	€	
	€	
	€	

Specification in case of an accident

Date (d-m-y)

Is a third party liable?

No Yes, namely

Street and housenumber

Postal code | Town | Country

Telephone | E-mail

How did the accident occur?

9. Signature

You declare that the answers are true and complete to the best of your knowledge. You understand that any incorrect or incomplete answer or the concealment of any facts relevant to this claim may cause it to be invalid. I have read and understood the IMPORTANT NOTICE.

You declare that you submit all data which are necessary to determine the extent of the damage and the right to benefit.

You declare that you are familiar with the contents of this claim form.

A copy of this authorization shall be considered as effective and valid as the original.

The particulars given and yet to be given are processed by Gouda Insurance for concluding insurance contracts and managing relations which result from that. This is necessary for purposes of administration and fraud detection and enables Gouda Insurance to meet legal obligations. The code of conduct 'Verwerking Persoonsgegevens Financiële Instellingen' ('processing personal data financial institutions') is applicable. This code of conduct informs all parties of rights and duties at the time of processing the particulars given.

You can request the complete text of the code of conduct from the information center of Verbond van Verzekeraars (Association of Insurers), P.O. Box 93450, 2509 AL The Hague or download it from internet: www.verzekeraars.nl.

Date (d-m-y) | signature of insured person or legal representative

The insurance is governed by Dutch law. The particulars given and yet to be given by you may be included in the client registration kept by Gouda Insurance, to which a privacy code applies. Complaints relating to the insurance should be submitted to: Klachtencommissie De Goudse and/or Ombudsman Schadeverzekering (General Insurance Ombudsman) and/or Raad van Toezicht op het verzekeringsbedrijf (Board of Supervision of the General Insurance Business); for both authorities the mailing address is P.O. Box 93560, 2509 AN The Hague.