

## Continuous travel/cancellation insurance

Before we can process your claim, we need you to provide additional details. We kindly ask you to complete the claim form, sign it and return it to us. You can also report your claim via [www.iak.nl/service-en-contact/direct-regelen/schade-melden](http://www.iak.nl/service-en-contact/direct-regelen/schade-melden).

Right-click on 'Schade melden' in the menu.

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### 1 General data policyholder

Customer number			Date of birth	__ - __ - ____
Surname	Initial(s)			<input type="checkbox"/> Male <input type="checkbox"/> Female
Street name			House number + Addition(s)	_____
Postal code	Town			Country
Telephone (landline)			Telephone (mobile)	_____
Email address			Bank account (IBAN)	_____
<input type="checkbox"/> I give Aon permission to use my email address to send me news and offers.				

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### 2 General claim data

Claim file number	Date of incident	Time
_____	__ - __ - ____	_____
City/town and address where the damage was incurred		
_____		
<b>What was the goal of the trip?</b>	<input type="checkbox"/> Private <input type="checkbox"/> Business <input type="checkbox"/> Both	
Start date trip:	__ - __ - ____	
Start date location:	__ - __ - ____	
Intended duration from:	from: __ - __ - ____	to: __ - __ - ____

**Who incurred the damage?**

Surname	Initial(s)	Date of birth
_____	_____	____-____-____
Street name	House number + Addition(s)	
_____	_____	
Postal code	Town	Country
_____	_____	_____
Bank account (IBAN)		
_____		

**How was the damage caused?**

Please provide as brief and concise description of the incident/accident.

**Was this damage reported to SOS International?**

Yes  No

If so, provide the date of the report? File number

\_\_\_\_-\_\_\_\_-\_\_\_\_ \_\_\_\_\_

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**3 Type of damage**

- Luggage Complete question 4.
- Medical costs in connection with illness and accident Complete question 5.
- Additional travel and/or accommodation costs Complete question 6.
- Additional costs due to cancellation of your means of transport Complete question 7.
- Cancellation costs Complete questions 8 to 12.

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**4 Luggage**

**4.1 Damage (please include original damage report and original tickets)**

Describe the extent of the damage?

\_\_\_\_\_

Was the damage assessed by an expert?

- No
- Yes, by: \_\_\_\_\_

If so, what was the opinion of this expert?

\_\_\_\_\_

Where is the damaged luggage at this moment?

\_\_\_\_\_

**In case of damage during transport by plane/bus/train**

Did you report the incident to the relevant transport company?

- Yes, at: \_\_\_\_\_
- No, because: \_\_\_\_\_

#### 4.2 Theft/Missing/Loss

When and where did you last see the luggage?

Location _____	Date _____	Time _____
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When did you notice the theft/loss?

Where were you at the time of the theft?

What precautions did you take to prevent the theft?

Did you report the incident at the police station or any other authority?

Yes, at: \_\_\_\_\_

No, because: \_\_\_\_\_

Was the luggage (in part) insured elsewhere?

No

Yes, at: \_\_\_\_\_ Policy number: \_\_\_\_\_

#### 4.3 Theft from vehicle

Make, model and registration number of the vehicle

Where exactly was the luggage stored?

Was the luggage visible from the outside?

#### 4.4 Statement of damaged, stolen or lost property

\* Include original proof.

Description\*

Purchase price _____	Purchase date _____	Purchase location _____	Repair costs _____
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Description\*

Purchase price _____	Purchase date _____	Purchase location _____	Repair costs _____
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Description\*

Purchase price _____	Purchase date _____	Purchase location _____	Repair costs _____
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## 5 Illness and accident

Nature of the illness/disorder/injury

\_\_\_\_\_

Was this a pre-existing illness/disorder/injury?

Yes  No

Name and address of treating physician

\_\_\_\_\_

### When and where did you first request medical assistance?

Location

\_\_\_\_\_

Country

\_\_\_\_\_

Name and address of the family doctor

\_\_\_\_\_

### At which health care insurance provider do you have health care insurance?

Name health care insurance provider

\_\_\_\_\_

Policy number

\_\_\_\_\_

Do you have additional health care coverage?

Yes  No

Does excess apply?

No

Yes, the excess amount is: \_\_\_\_\_

### Statement of the incurred costs for treatment of illness and accident

Description

\_\_\_\_\_

Statement of costs

\_\_\_\_\_

Did you already pay these costs?

Yes  No

Description

\_\_\_\_\_

Statement of costs

\_\_\_\_\_

Did you already pay these costs?

Yes  No

Description

\_\_\_\_\_

Statement of costs

\_\_\_\_\_

Did you already pay these costs?

Yes  No

## 6 Additional travel and/or accommodation costs

Cause of additional travel/accommodation costs

\_\_\_\_\_

### In case of illness or accident

\* Included physician's statement.

Was the return trip advised by a physician?\*

Nee  Ja\*

Name and address of treating physician

\_\_\_\_\_

When did you return?

\_\_\_\_\_

How did you return?

\_\_\_\_\_

\*\* Include original proof.

What were the additional costs that you paid?\*

\_\_\_\_\_

What is the amount for the additional accommodation costs?\*

\_\_\_\_\_

## 7 Additional costs due to cancellation of your means of transport

### Vehicle

Merk \_\_\_\_\_ Type \_\_\_\_\_ Model \_\_\_\_\_ Construction year \_\_\_\_\_

What was the cause of the damage? \_\_\_\_\_ Describe the extent of the damage? \_\_\_\_\_

When did you incur the damage? \_\_\_\_\_ Where did you incur the damage? \_\_\_\_\_

When did you bring your vehicle for repairs? \_\_\_\_\_ What is the name of the company? \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

### Was it possible to have the vehicle repaired within 2 days?

Yes

No, because: \_\_\_\_\_

### What is the name of the insurance company for your (limited) vehicle insurance?

Name of the insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Car coverage  WA (third party liability)  Beperkt Casco (limited coverage)  Casco (all-risk)

### Name and address of the opposed party

\_\_\_\_\_

Do you hold this party responsible?  Yes  No

### Was a police report drafted?

No

Yes, by: \_\_\_\_\_

\* Include original proof.

### Report additional costs due to cancellation of your means of transport\*

\_\_\_\_\_

## 8 Only to be completed in case of cancellation due to illness, accident or death

### Fill in the name of the patient/deceased

Surname \_\_\_\_\_ Initial(s) \_\_\_\_\_ Gender  Male  Female

Date of birth \_\_\_\_\_ Relation to insured person \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Street name \_\_\_\_\_ House number + Addition(s) \_\_\_\_\_

Postal code \_\_\_\_\_ Town \_\_\_\_\_ Country \_\_\_\_\_

\_\_\_\_\_

**Fill in the data of the family doctor**

Name

Street name

House number + Addition(s)

Postal code

Town

Country

**Fill in the data of the medical specialist**

Name

Street name

House number + Addition(s)

Postal code

Town

Country

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**9 Description illness/accident**

Brief description of the nature and seriousness of the illness or accident

When did the first symptoms occur, or on which date did the accident happen, respectively?

What was the health condition of the relevant person (see question 2) when the trip was booked or when the lease of the holiday accommodation was signed?

**Did the patient suffer from this disease at an earlier instance?**

No

Yes, how many times and during which period? \_\_\_\_\_

Was this a deterioration of the illness(es) for which the patient was being medically treated/monitored at the time the insurance contract was signed?

When (date) was a physician first consulted about this illness/accident?

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Was the treating physician aware of your travel plans?

When did the need for cancellation first arise?

In your opinion, who is liable for the accident?\*

\* Include proof.

When (date) was the trip cancelled?

Date: \_ - - \_\_\_\_\_

At which travel agency did you cancel the trip?

\_\_\_\_\_  
Name travel organisation, travel company or tour operation for the trip

\*\* Include original proof.

What is the amount of the cancellation costs? \*\*

\_\_\_\_\_

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## 10 Only complete in case of early return

\* Include original proof.

When (date) did you return home?\*

Datum: \_ - - \_\_\_\_\_

Who returned home?

\_\_\_\_\_

\*\* Include proof.

**In case of hospitalization during the trip, during which period did this take place? \*\***

from: \_ - - \_\_\_\_\_ to: \_ - - \_\_\_\_\_

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## 11 Only to be completed in case of delay of boat, bus, train or plane

**Also include travel tickets.**

\* Include ticket.

What was the planned time of the outbound trip?\*

Date: \_ - - \_\_\_\_\_ Time: \_\_\_\_\_

\*\* Include original proof.

What was the original time of arrival at the holiday destination? \*\*

Date: \_ - - \_\_\_\_\_ Time: \_\_\_\_\_

When did the actual departure take place? \*\*

Date: \_ - - \_\_\_\_\_ Time: \_\_\_\_\_

When did you reach the holiday destination? \*\*

Date: \_ - - \_\_\_\_\_ Time: \_\_\_\_\_

What was the cause of the delay?

\_\_\_\_\_

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## 12 Cancellation due to other causes

Can you indicate below why you had to cancel the trip, when you knew you needed to cancel, and when the events at the basis of the cancellation took place? Can you give a comprehensive explanation and include any proof?

### 13 Other particularities

Please indicate below if there are any particularities that may play a role in the assessment and processing of this claim?

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### 14 Signature

#### The undersigned declares

- to have answered the questions and provided the details below to the best of his/her knowledge, correctly and according to the truth, and to not have left out any particularities that are relevant to this claim;
- that this claim form and any additional data will be provided to the insurance company, in order to determine the scope of the claim and the right to payment;
- to have reviewed the content of this form;
- to be familiar with the statement that in case of misrepresentation of facts the right to payment will be cancelled partially or in full.

Aon uses the 'Gedragscode Verwerking Persoonsgegevens Financiële Instellingen'(Code of Conduct for the processing of personal data by financial institutes). Aon initially uses your data for the acceptance procedure. After the insurance contract has been determined, processing will take place to ensure an efficient and effective business operation. Aon has access to your data at the Stichting CIS in Zeist. The aim is to minimise risks and to prevent fraud. The privacy regulations of the Stichting CIS apply, refer to stichtingcis.nl.

Surname

Initial(s)

Town/city

\_\_\_\_\_  
Signature policyholder:

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Where to send this form?

Please send the completed form by email to: **schade.iak@one-uw.nl**.

Or send it by regular mail to:

**Aon Nederland C.V., t.a.v. Schadeservice PSP, Postbus 90165, 5600 RV Eindhoven.**