

CLAIM FORM

Please fill in all fields in the claim form with printed letters.

Please enclose all relevant certificates, etc. in accordance with the insurance conditions.

NB: To be sent to Gouda Travel Insurance accompanied by the tenancy agreement and outline of payments.

Tenancy agreement no.:

1. INFORMATION ABOUT THE CUSTOMER

Customer's name:

Your relation to the patient in case of injury/illness:

Cause of claim (please mark with X):	Illness	Accident	Death
Dismissal	New job	Interrupted vacation (please note date and hour)	Property

Other:

Detailed description of the incident:

2. CUSTOMER'S BANK DETAILS

Name of bank:

Account holder:

SWIFT code and IBAN no.:

Was the holiday bought with a credit card?	Yes:	No:
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If yes, please state card number and type of card (e.g. Mastercard, Eurocard)

3. CLAIMS HANDLING INFORMATION

Name of contact person at the
vacation house rental company:

Date of cancellation:

Comments: