



## Claim form for Expat Insurance Package

You must use this form to report damage covered by one or more types of insurance included in the Expat Insurance Package. Please answer the questions accurately and clearly so as to avoid any delay in processing your claim.

### Policy holder's information

Policy number \_\_\_\_\_  
Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Address \_\_\_\_\_  
Postal code / City \_\_\_\_\_  
Country \_\_\_\_\_  
Telephone number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Bank account number / IBAN \_\_\_\_\_  
(Preferably a European IBAN)  
Name bank \_\_\_\_\_  
Address bank \_\_\_\_\_  
BIC / Swift code bank \_\_\_\_\_

### Type of insurance (please tick the correct box)

- |  |                      |                                       |                         |
|--|----------------------|---------------------------------------|-------------------------|
| <input type="checkbox"/> Household contents      | questions 1 to 7, 10 | <input type="checkbox"/> Travel       | questions 1 to 7, 9, 10 |
| <input type="checkbox"/> Instruments / Valuables | questions 1 to 7, 10 | <input type="checkbox"/> Extra flight | questions 1, 11         |
| <input type="checkbox"/> Personal liability      | questions 1 to 8, 10 | <input type="checkbox"/> Accidents    | questions 1, 12         |

### 1. Other insurance / reimbursements / compensation

Are you entitled to reimbursement / compensation elsewhere?  Yes  No

In case of another insurance company:

Name insurance company \_\_\_\_\_  
Policy number \_\_\_\_\_  
Type of insurance \_\_\_\_\_  
Insured sum \_\_\_\_\_

Have you reported the damage / loss to another insurer / airline company?  Yes  No

In case of damage / theft / loss by an airline company: Please send us the confirmation from the airline company regarding their compensation to you.

### 2. Information regarding date and place of the damage

Date of damage / loss? \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Time \_\_\_\_\_

Place and address of damage / loss \_\_\_\_\_

State location (for example; kitchen, garden, etc.) \_\_\_\_\_

Are you the owner or the tenant of the building?  Owner  Tenant

**3. Police report**

Did you report the damage to the police?

Yes (Send the police report with this form)

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

**4. Repair**

Is the damage going to be repaired?  No  Yes, for what amount? \_\_\_\_\_

Has this repair already taken place?  No  Yes, for what amount? \_\_\_\_\_

(Enclose the invoice and / or the estimate of the damage)

**5. Cause of damage / loss**

How did the damage occur?

Fire

Theft / break-in \*

Burst water-pipe

Explosion

Vandalism \*

Other, i.e.

Storm

Collision

Lightning

Precipitation

\* Are there signs of forced entry to the buiding?  Yes  No

**6. Detailed description of how the loss / damage occurred.**

(If necessary attach a sketch and/or explanation separately)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Who caused the damage?**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

What is their relationship with you? \_\_\_\_\_ (relative, employer, etc.)

Were there accomplices?  No  Yes:

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

How was the damage caused? \_\_\_\_\_

What was the above-mentioned person doing when the damage was caused? \_\_\_\_\_

\_\_\_\_\_

## 8. Damage to others (liability)

(It is necessary to provide all correspondence between the parties involved)

What kind of damage was inflicted?  Material damage  Physical injury

Who is the third party?

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal code / City \_\_\_\_\_

Date of birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-mail address \_\_\_\_\_

IBAN \_\_\_\_\_

Is the third party entitled to reimbursement / compensation elsewhere?  Yes  No

If yes, with which insurance company? \_\_\_\_\_ Policy number \_\_\_\_\_

## 9. Travel

On which date did you book your trip? \_\_\_\_ - \_\_\_\_ - \_\_\_\_

On which dates did you plan to travel and / or for which period did you arrange rental accommodation?

Departure date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Return date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### In the event of cancellation

What was the total cost of the travel and/or rental? (Enclose booking invoice and cancellation invoice)

EUR \_\_\_\_\_

On which date did you cancel your travel/rental contract? \_\_\_\_ - \_\_\_\_ - \_\_\_\_

What was the reason for the cancellation? (enclose documentary evidence) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### In the event the trip had to be terminated prematurely

On which date did you terminate your trip? (Enclose airline ticket and/or other evidence)

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

What was the reason your trip was terminated prematurely? \_\_\_\_\_

\_\_\_\_\_

### In the event of delay

When was the departure originally scheduled? (Enclose ticket)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Time \_\_\_\_\_

When did the actual departure take place? (Enclose documentary evidence)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Time \_\_\_\_\_

What was the reason for the delay? \_\_\_\_\_

\_\_\_\_\_

### Unforeseen costs

What were the costs you incurred? (enclose payment receipts) \_\_\_\_\_

Why were these costs incurred? \_\_\_\_\_

## 10. Specification of damaged, stolen and/or lost items

Where possible payment receipts must be enclosed.

Damaged / stolen / lost items	Purchase date	Purchase price in EUR	If applicable: repair costs

## 11. Extra flight

What was the reason for the extra flight costs?

- Decease of relative
- Life-threatening condition of relative

Full name of relative \_\_\_\_\_

Date of birth \_\_\_\_\_

What is the relationship to you? \_\_\_\_\_

Total amount of the extra flight costs? \_\_\_\_\_

Please enclose:

- All the flight tickets.
- Invoices.
- Birth certificates clearly establishing the degree of kinship between the insured and the family member who was / is ill or has passed away.
- Either the death certificate or a statement from the attending physician.

Please submit all these documents in one of the following languages: English, Spanish, French, German or Dutch.

## 12. Accidents

When did the accident take place? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Where did the accident take place? Street name \_\_\_\_\_

Postcode and City / Town \_\_\_\_\_

What was the cause of the accident? (Please describe the circumstances) \_\_\_\_\_

\_\_\_\_\_

Was a police report drawn up?  No  Yes, reference number \_\_\_\_\_

What was the insured party doing when the accident took place? \_\_\_\_\_

\_\_\_\_\_

Was the insured carrying out their paid occupation at the time?  Yes  No

What is the nature of the injury? \_\_\_\_\_

\_\_\_\_\_

Is there a chance of permanent physical injury, such as permanent disability or scarring??  Yes  No

## Signature

The undersigned declares;

- that to the best of his/her knowledge he / she has answered the questions above truthfully and provided the correct and authentic documents requested and has not withheld any particularities with regard to this claim;
- to provide this claim form and any other information still to be provided to Aon in order to help Aon ascertain the extent of the loss / damage and the entitlement to payment;
- to have read the contents of this form.

Note: Deliberate provision of inaccurate information results in the forfeit of any right to payment.

The personal data that you provide are used by us to process your request for information, quotes/ offers and financial products. We also use these personal data to contact you, if necessary, about the quote, to arrange the insurance and regarding the services we provide. We handle your data with care. We require other parties with whom we share your data to exercise that same care. For more information about how we handle your personal data, please see our [Privacy Statement](#).

\_\_\_\_\_  
City

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Return address

Please e-mail this completed form to [claimsworldwide@aon.com](mailto:claimsworldwide@aon.com) or send it to: Aon, IPM, PO Box 1005, 3000 BA, Rotterdam, The Netherlands