

Claim Form



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1. To be filled out at any type of event: Be aware! The form has to be signed at page 2.

Policy number: _____ Claim number: _____ (to be completed by Gouda)

Name: _____ Civil register no.: _____
 Address: _____ Tel. daytime: _____
 Postal code: _____ Home Town: _____ Mobile phone: _____
 E-post (is used in first hand when communicating): _____

2. If the compensation is to be credited to your bank account, please state the following:
 Holder of the account: _____ Bank: _____
 Sort code: _____ Account number: _____

3. The journey is: A business journey Company: _____
 A private journey Travel organizer: _____
 Departure: _____ Arrival: _____ Destination: _____

4. Other policies:
 Have you taken out householders' insurance? No Yes Company: _____
 Have you taken out other valid insurance? No Yes Company: _____
 Have you paid your journey Yes What kind of card? _____
 With a charge- or credit card? No
 Has the claim been reported to any of the above? No Yes Ref.no.: _____

5. When did the event/damage/illness/loss occur? Date: ___/___/___

6. Describe the event/damage/illness/loss in detail (a separate report can be added):

A separate report can be added

7. To be filled out in the event of illness/accident:

What symptoms occasioned medical treatment? _____ When did the symptoms occur? Date: ___/___/___
 When did the first medical consultation take place? Date: ___/___/___ Provider: _____
 Hospitalization? No Yes From: ___/___/___ To: ___/___/___ Are You still getting treatment? No Yes
 Have you previously suffered from similar symptoms? No Yes When?: _____
 Name/address/tel. to Your own doctor: _____ Is disability to be feared? No Yes

Costs due to illness/injury etc. Enclose original receipts

Diagnose	Costs (Doctors fee, medicine etc.)	Amount (Currency)	Payment made? (Yes/No)

A separate report can be added

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8. Ifylles vid stöld/förlust av egendom:

To whom was the event reported? Police Transport company Airline company
 Other: _____ Original documentation must be enclosed

Where were the objects when the loss/damage occurred? Car Apartment Train Aeroplane Hotell Bus
 Other place: _____

Had the luggage been checked in/deposited? Yes No By whom: _____
 Was the storage arese locked? Yes No
 Where there signs of a forced entry? Yes No Which: _____

Lost objects: Enclose original receipts
 Besides object shall manufacture and model be given

What have You lost?	Date of purchase:	Purchase price:

A separate report shall be added

9. To be filled out in the event of delayed journey/delayed luggage:

When were you supposed to be arriving at the destination? _____ When did You arrive? _____
 When were the luggage supposed to be arriving at the destination? _____ When did it arrive? _____
 Certificate from airline company/PIR-report shall be added

What costs have You hade in relation to the delay? Original receipts shall be added

Type of cost	Amount (Currency)

10. To be filled out at any type of event:

I, the undersigned, solemnly declare that the above information is correct, and authorize the insurance company to obtain medical information about any previous illness or treatment, if such information is relevant to the handling of the claim.

Date: ___ / ___ / ___ Signature: _____
 If the claim regards a minor is signature from person who have custody valid

Clarification of signature: _____

