

**DAMAGED GOODS CLAIM FORM**  
(PLEASE USE BLOCK CAPITALS)

Policy number .....

**INFORMATION ABOUT THE INSURED**

First Name ..... Last Name .....

Address .....

Postal Code ..... City ..... Country .....

Date of Birth (dd/mm/yyyy) ..... Gender M F

Email .....

Tel\* ..... Mobile\* .....

*\*please include country codes*

**INFORMATION ABOUT THE ACCIDENT**

Date & time .....

Place .....

Describe what happened? .....

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Name of eventual **third party** ..... Gender M F

Address .....

Postal Code ..... City ..... Country .....

Tel\* ..... Mobile\* .....

Their insurance company .....

Country ..... Policy No .....

If caused by impact by a vehicle, give license plate .....

Is there a relationship between the insured, the opposite party and/or the witness?

No Yes .....

**In case of theft**, are there any visible signs of forced entry?

No Yes .....

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Smart coverage for global citizens.

**DESCRIPTION OF THE DAMAGED GOODS**

Damaged Goods	Date of Purchase	Purchase Price	Currency

Other interests in damaged property (lessor, mortgagor, trustee, etc...) \_\_\_\_\_  
 If other insurances exist on the damaged property, please give name and country of insurer  
 and policy number: \_\_\_\_\_

**REIMBURSEMENT METHOD**

The amount should be reimbursed to \_\_\_\_\_ Policyholder \_\_\_\_\_ Insured \_\_\_\_\_ Other \_\_\_\_\_  
 Please transfer reimbursement to my account in \_\_\_\_\_ (country)  
 Name of bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 IBAN \_\_\_\_\_ BIC/SWIFT code, ABA, if any \_\_\_\_\_  
 Account No Account holder \_\_\_\_\_

- ! Please include following documents:**
- if possible, copy of the purchase bills or invoices;
  - eventual police report.

**MUST BE SIGNED BY THE INSURED**

I, the undersigned, declare that all information given in this claim form is in accordance with the truth and that nothing is concealed. I authorise Expat & Co and the insurance company to obtain information from any doctor, hospital or insurance company concerning myself or any co-insured persons in order to process the claim in accordance with the Policy Conditions.

**I hereby give Expat & Co the authority to recover any reimbursement, advanced by them, from any other insurance company or social security institution which can give a right to reimbursement as a consequence of this claimed illness, injury or accident.**

I hereby accept that Expat & Co and the insurance company will record the information given for the purpose of processing data in connection with e.g. premium collection, processing of claims, reimbursements, etc. In case of non-acceptance of the request for reimbursement, the information given may be recorded. Furthermore, I accept that insurance correspondence which does not contain health information or other sensible information is sent to the person registered as the policy holder. Expat & Co or the insurance company may choose to have data processed in or outside the EU.

Date ..... Signature .....