

**TRAVEL 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 .....

Mobile\* ..... Email .....

*\*please include country codes*

**INFORMATION ABOUT THE CLAIM**

**Baggage claim**

Theft Loss Delayed Damaged Other .....

Where did it happen? .....

Date ..... Time .....

Full and detailed description of the event .....

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 .....

Smart coverage for global citizens.



**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 \_\_\_\_\_