

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 possible **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

Description of the 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