



## Claim Form Travelguard Business Travel Insurance

### GENERAL DATA

Policy holder : \_\_\_\_\_  
 Policy number : \_\_\_\_\_  
 Certificate : \_\_\_\_\_

### INSURED DATA

Last name : \_\_\_\_\_  
 Initials : \_\_\_\_\_  
 Gender : Male Female  
 Date of birth : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Zip Code : \_\_\_\_\_  
 City/town : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 E-mail address : \_\_\_\_\_  
 Profession : \_\_\_\_\_

### REIMBURSEMENT

Insured  
 Policy holder  
 Intermediary  
 Other: \_\_\_\_\_

### DETAILS BENEFICIARY

Name : \_\_\_\_\_  
 IBAN Account Number : \_\_\_\_\_  
 BIC/SWIFT Code : \_\_\_\_\_

### DESCRIPTION OF LOSS

Intended duration of Journey/Stay : From: \_\_\_\_\_ To: \_\_\_\_\_  
 Destination of travel : \_\_\_\_\_  
 Was the travel Business or Private? : \_\_\_\_\_  
 Has the loss been reported to AIG Travel? : No Yes,ref.: \_\_\_\_\_  
 Have you claimed travel loss previously? : No Yes,ref.: \_\_\_\_\_  
 Date of loss : \_\_\_\_\_  
 Location : \_\_\_\_\_  
 Description of circumstances : \_\_\_\_\_

### TYPE OF LOSS

- Personal effects and/or Business equipment > fill out fields 1 and 5
- Accident, Illness or Medical expenses > fill out fields 2 and 3
- Cancellation or travel/baggage Delay > fill out fields 4 and 5



**1. DAMAGE TO PERSONAL EFFECTS/BUSINESS EQUIPMENT**

Are you insured elsewhere against this damage or loss? : No Yes , Company: \_\_\_\_\_  
 Policy number: \_\_\_\_\_

**A. Damage**

Can the damage be repaired?

*Please enclose repair bill*

: No Yes

**B. Theft/Loss**

What efforts have been made to recover the  
 stolen/Lost items?

*please enclose purchase receipts*

: \_\_\_\_\_  
 \_\_\_\_\_

Have you reported the incident at local authorities?

Yes, at: \_\_\_\_\_

*Please enclose official police report*

No, because:

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

Have you received any kind of compensation for the  
 lost/stolen/damaged luggage?

No Yes ,amount: \_\_\_\_\_

Which party do you consider liable for the damage?

None Yes, details:

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

*Proceed to 5*

**2. ACCIDENT, ILLNESS OR MEDICAL EXPENSES**

What is the nature of the injury/illness? : \_\_\_\_\_

When and by who was first medical assistance provided? : \_\_\_\_\_  
 \_\_\_\_\_

Is there a risk of permanent disability?

Yes No

Have you previously suffered from the same complaints  
 prior to the travel?

No Yes, details attending physician:

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

Are you insured elsewhere against medical  
 expenses?

Company: \_\_\_\_\_

Town: \_\_\_\_\_

Policy \_\_\_\_\_

What is the current deductible amount of your health  
 insurance? : \_\_\_\_\_

Have you claimed these expenses at your health insurer? No Yes, *please enclose declaration overview*

*Proceed to 3*



### 3. SPECIFICATION MEDICAL EXPENSES

Please enclose invoices

Amount	Type	Are these expenses paid?		Have these expenses been claimed at your health insurer?	
		Yes	No	Yes	No
_____	_____	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No

### 4. CANCELLATION AND TRAVEL/BAGGAGE DELAY

What is the reason of cancellation/delay of the travel? : \_\_\_\_\_  
 Please enclose relevant documents \_\_\_\_\_

What is the date of cancellation/delay? : \_\_\_\_\_

What total costs are associated with the cancellation/ : \_\_\_\_\_  
 delay? Please enclose invoices \_\_\_\_\_

Proceed to 5

### 5. SPECIFICATION OF COSTS

Item	Purchase price	Date of purchase	Location	Repair costs
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

Please number attachments corresponding with specified item

The undersigned declares:

- The questions have been answered to the best of their knowledge, to be accurate, in accordance with the truth and not to have concealed any information relating to this claim;
- To be aware of the stipulation that any right to benefit may lapse with an untrue statement;
- To have knowledge of the contents of this form.

At: \_\_\_\_\_ On: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send the signed form to e-mail [Claims.nl@AIG.com](mailto:Claims.nl@AIG.com)



AIG Europe, Netherlands  
Crystal Building B,  
Rivium Boulevard 216-218  
2909 LK Capelle aan den IJssel

Postbus 8606, 3009 AP  
ROTTERDAM

### **Personal Data**

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### **CIS Foundation**

In order to ensure a responsible acceptance, risk and fraud policy we may check your (personal) data and have it recorded in the CIS Foundation, Bordewijklaan 2, 2591 XR The Hague, PO Box 124, 3700 AC Zeist. The purpose of processing personal data in CIS is to detect the abuse of financial products and services of insurers, preventing, combating and controlling risks to the fullest extent. For more information, see [www.stichtingcis.nl](http://www.stichtingcis.nl).