

Membercare Insurance Medical Claim Form



IMPORTANT NOTICE

Claims for all medical expenses can only be processed if the claim form is filled in completely and if it is accompanied by original bills. Please complete a separate form for each illness/injury and for each person.

Please return the form(s) with all original documents to: Goudse Schadeverzekeringen N.V., Expatriates Claims Department, P.O. Box 9, 2800 MA Gouda, the Netherlands.

1. DETAILS INSURED

name and first name(s) Mr Mrs Miss

policy number

period of insurance from (d-m-y) to

date of birth (d-m-y)

ADDRESS IN THE COUNTRY OF RESIDENCE

street and housenumber

postal code town country

telephone mobile fax

e-mail

ADDRESS IN THE HOME COUNTRY

street and housenumber

postal code town country

telephone mobile fax

2. CLAIM

CONTINUATION OF PREVIOUS CLAIM

If this is a continuation of a previous or current claim that you have already claimed under this policy, then please state claim number

SETTLEMENT OF CLAIM

to be paid to the insured

street and/housenumber

postal code town country

bank account number name and city of the bank

IBAN code BIC code

3. MEDICAL & RELATED EXPENSES

date on which the illness started or accident took place (d-m-y)

kind of illness and/or accident

recovered yes no

ambulance used yes no

If your claim relates to an accident, give full details of time, location and of your injuries. Also give full details of any witnesses to your accident or a possible liable party.

invoice/claim from (please fill in the claim form completely and include original bills and/or declarations)	invoice number	date (d-m-y)	currency	amount
1.				
2.				
3.				
4.				
5.				
6.				
total claim amounting to				

4. AUTHORIZATION

I authorize Goudse Schadeverzekeringen N.V. to obtain medical information required to settle claims with respect to the illness and/or accident as detailed in section 3 Medical Expenses. A copy of this authorization shall be considered as effective and valid as the original.

name and first name(s) of the insured | date of birth (d-m-y)

date (d-m-y) | signature of insured person or legal representative

5. SIGNATURE

You declare that the answers are true and complete to the best of your knowledge. You understand that any incorrect or incomplete answer or the concealment of any facts relevant to this claim may cause it to be invalid. I have read and understood the IMPORTANT NOTICE.

You declare that you submit all data which are necessary to determine the extent of the damage and the right to benefit.

You declare that you are familiar with the contents of this claim form.

A copy of this authorization shall be considered as effective and valid as the original.

The particulars given and yet to be given are processed by Goudse Schadeverzekeringen N.V. for concluding insurance contracts and managing relations which result from that. This is necessary for purposes of administration and fraud detection and enables Goudse Schadeverzekeringen N.V. to meet legal obligations.

The code of conduct 'Verwerking Persoonsgegevens Financiële Instellingen' ('processing personal data financial institutions') is applicable. This code of conduct informs all parties of rights and duties at the time of processing the particulars given.

You can request the complete text of the code of conduct from the information center of Verbond van Verzekeraars (Association of Insurers), P.O. Box 93450, 2509 AL The Hague or download it from internet: www.verzekeraars.nl.

Goudse Schadeverzekeringen N.V. has been registered as a non-life Insurer with the Autoriteit Financiële Markten (Authority Financial Markets; AFM). Goudse Schadeverzekeringen N.V. provides insurances and other financial products. Goudse Schadeverzekeringen N.V. is situated at: Bouwmeesterplein 1, 2801 BX Gouda, The Netherlands (postal address: P.O. Box 9,2800 MA Gouda, The Netherlands).

date (d-m-y)

signature of insured person or legal representative

The insurance is governed by Dutch law. The particulars given and yet to be given by you may be included in the client registration kept by Goudse Schadeverzekeringen N.V., to which a privacy code applies. Complaints relating to the insurance should be submitted to: Klachtencommissie De Goudse, P.O. Box 9, 2800 MA Gouda, and/or Stichting Klachteninstituut Financiële Dienstverlening, P.O. Box 93257, 2509 AG The Hague, telephone 0900 355 22 48, www.kifid.nl.

