



## **DAMAGE REPORT**

# **Travel Insurance Report Form Education**

### **Important**

In the event of death you need to report this at the latest **within 48 hours** after the accident by phone or email to Raetsheren van Orden. In case of permanent disability you need to report this **within 8 days** after the accident in writing or by email.

To avoid delays, we request you to:

- Fill in all applicable questions as complete as possible;
- Tickets, declarations, photos, receipts, and other evidence delivered straight away;
- Sign the form.

You can send the claim form with the attachments to:

**Raetsheren van Orden, Postbus 1015, 1810 KA Alkmaar.**

Telephone 072 5414151 or email: [onderwijs@raetsheren.nl](mailto:onderwijs@raetsheren.nl).

### **School information**

1. Name of the school
2. Contact  m f
3. Address
4. Zipcode and city
5. Telephone number
6. Email address
7. Policy number

### **School board information**

8. Name school board
9. Contact  m f
10. Address
11. Zipcode and city
12. Telephone number
13. Email address

### **Claimant information**

14. Name claimant
15. Date of birth
16. Contact  m f
17. Address



18. Zipcode and city \_\_\_\_\_
19. Telephone number \_\_\_\_\_
20. Email address \_\_\_\_\_
21. IBAN (bank account number) \_\_\_\_\_
22.  Employee  Student
23. Employee/ Student number \_\_\_\_\_

### Claim information

24. Does the claimant have an insurance for the claim?
- Insurance company \_\_\_\_\_
- Polycynumber \_\_\_\_\_
25. Is the claim reported there?  Yes  No

### Travel information

26. Date of departure \_\_\_\_\_
27. What was the intended travel period?  
*Send supporting documents* \_\_\_\_\_
28. What kind of trip was it? \_\_\_\_\_

### Casualty

29. Where did the accident happen?  
*Full address* \_\_\_\_\_
30. Accident date  
YYYY/MM/DD, Time \_\_\_\_\_
31. In which country? \_\_\_\_\_
32. Clear description of the accident and also a clear description of the cause of the accident  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
33. Type of injury \_\_\_\_\_

### Sickness

34. Date of sickness \_\_\_\_\_
35. Type of sickness \_\_\_\_\_
36. Has the claimant suffered from the same or a similar complaint before?  Yes  No  
If yes, give details \_\_\_\_\_



37. Was claimant at the starting moment of the trip already receiving medical treatment?

Yes  No

38. Name and address doctor/specialist \_\_\_\_\_

### General information

39. On what date and by which doctor was the first medical assistance provided?

Date \_\_\_\_\_

Doctor \_\_\_\_\_

40. Who is your health insurance company?

Name \_\_\_\_\_

Policy number \_\_\_\_\_

41. Do you have a personal accident insurance elsewhere?

Name \_\_\_\_\_

Policy number \_\_\_\_\_

42. Do you have a roadside assistance cover?

Yes  No

43. Is there someone else to blame for the incident?

Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

44. Additional costs in case of an accident, disease or car breakdown.

Hotel expenses € \_\_\_\_\_

Travel expenses for visiting a hospital € \_\_\_\_\_

Travel expenses for travelling back € \_\_\_\_\_

Phone expenses € \_\_\_\_\_

Other expenses € \_\_\_\_\_

Explanation/details of the costs made: \_\_\_\_\_

45. Specification of the medical costs made in case of an accident or disease.

*Include the rejection from the health insurance*

Description	Bill from	Amount
_____	_____	€ _____
_____	_____	€ _____
_____	_____	€ _____
		€ _____ +
	<b>Total</b>	€ _____



46. Involved vehicle: *only necessary if there was a vehicle involved in the accident.*

- Car  Motorcycle  Moped  
 Bicycle

Brand \_\_\_\_\_

License plate Number \_\_\_\_\_

47. Witnesses

- Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

## Luggage

Attach documents of proof.

In case of damage or loss of luggage:

- In case of damage during a flight sent a copy of the Property Irregularity Report (PIR) report
- In case of theft, loss or missing this must be reported to the local police

48. Date and time of the incident \_\_\_\_\_

49. Place and country \_\_\_\_\_

50. Description of the incident \_\_\_\_\_

51. Theft from a car, where was the luggage stored in the car?  
\_\_\_\_\_  
\_\_\_\_\_

52. Witnesses \_\_\_\_\_

53. Where did you report the incident?  Police  Hotel management

Elsewhere \_\_\_\_\_

54. Data officer/hotel manager

Name \_\_\_\_\_

Address \_\_\_\_\_

55. Is the luggage insured elsewhere?

- Yes  No

Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_



56. Are the valuables insured elsewhere?  Yes  No

Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

57. Details of lost or damaged luggage:  
*Please include the originale receipts*

description article	date of purchase	price of purchase	supplier	special features	costs of repair/damage
_____	_____	€ _____	_____	_____	€ _____
_____	_____	€ _____	_____	_____	€ _____
_____	_____	€ _____	_____	_____	€ _____
_____	_____	€ _____	_____	_____	€ _____ +
Total					€ _____

58. Optional further explanation

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

I declare:

- To have answered and provided the above questions and statements to the best of my knowledge, correctly and in accordance with the truth, and I did not withhold any details or information relevant to this damage.
- To provide this claim form, and other relevant information to Raetsheren van Orden to determine the extent of damage and the right to insurance benefit.
- To fully have read this claim form.

## Signature

59. Full Name

\_\_\_\_\_

60. Date

\_\_\_\_\_

61. Place

\_\_\_\_\_

62. Signature

\_\_\_\_\_