



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 e-mail to Raetsheren van Orden. In case of permanent disability you need to report this **within 8 days** after the accident in writing or by e-mail.

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 e-mail: onderwijs@raetsheren.nl.

School information

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

Schoolboard information

8. Name schoolboard
9. Contact m f
10. Address
11. Zipcode and city
12. Telephone number
13. E-mailadress

Claimant Information

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



18. Zipcode and city _____
19. Telephone number _____
20. E-mailadress _____
21. IBAN (bank account number) _____
22. Employee Student
23. Employee/ Studentnumber _____

Claim information

24. Does the claimant have a 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 adress _____
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 adress 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 _____

Adress _____

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
_____	_____	€ _____
_____	_____	€ _____
_____	_____	€ _____
		€ _____ +
	Total	€ _____



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

- Car Motorcycle Moped
 Bicycle

Brand _____

License plate _____

47. Witnesses

- Yes No

Name _____

Adress _____

Telephone number _____

Name _____

Adress _____

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 managment

Elsewhere _____

54. Data officer/hotel manager
Name _____

Adress _____

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 determinate 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 _____