



## Claim form ICS non-medical expenses

This form consists of 4 pages and can be used to report damage for several types of Insurance. For further instructions read the appendix. Please fill in all the requested details and make a copy for your own administration. You can download a new form on [www.aonstudentinsurance.com](http://www.aonstudentinsurance.com).

### Type of insurance (please tick the correct box)

- Household contents: questions 1 to 8 + 12                       Travel/baggage: questions 1 to 8 + 11,12  
 Liability: questions 1 to 10 + 12                                       Extra costs (flight costs): question 13

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

### Policy holder's information

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal code / city \_\_\_\_\_

Country \_\_\_\_\_

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

E-mail address \_\_\_\_\_

Bank account number \_\_\_\_\_

(If residing in The Netherlands, please fill in Dutch bank account number)

IBAN code \_\_\_\_\_

Name bank \_\_\_\_\_

Address bank \_\_\_\_\_

Swift code bank \_\_\_\_\_

### 1. Report damage

Has the damage/loss already been reported to Aon?

Yes, when? \_\_\_\_\_

No

### 2. Other insurance

Do you have insurance elsewhere that might cover these costs?  Yes  No

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

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

Type of insurance \_\_\_\_\_

Insured sum \_\_\_\_\_

Have you reported the damage/loss with the other insurance company?  Yes  No

If yes, please state contact person \_\_\_\_\_

Are certain objects such as jewelry, instruments and other valuables insured separately?  Yes  No

### 3. Information about date and place of the damage

Date of damage/ loss \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place and address of damage/ loss \_\_\_\_\_

(state location for example, kitchen, garden, etc.)



#### 4. Police report

Did you report the damage to the police?

Yes ((Send police report with this form)

No, because \_\_\_\_\_

#### 5. Repair

Is the damage going to be repaired?

Yes, for what amount? \_\_\_\_\_  No

Has this repair already been done?

Yes, for what amount? \_\_\_\_\_  No

(Enclose invoices and/or estimate of the damage)

#### 6. Cause of damage

What caused the damage?

Fire

Traffic

Scorch/ Singed/ Melt

Storm

Vandalism \*

Stroke of lightning

Precipitation

Theft/robbery \*

Rapture water-mains

Explosion

Other \_\_\_\_\_

\* Are there signs of forced entry?  Yes  No

Description (if necessary attach a sketch and/or explanation separately)

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

#### 7. Who caused the damage?

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

What is the relationship with you? \_\_\_\_\_ (family, employment, etc.)

Were there accomplices?  Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

With what was the damage caused? \_\_\_\_\_

What was the above mentioned person doing when the damage was caused? \_\_\_\_\_

\_\_\_\_\_

#### 8. Witnesses

Were there witnesses to the incident?  Yes  No

If so, please list their full names and addresses (Use a separate sheet for this)



**9. Damage to others (Liability)**

(It is absolutely necessary to provide all communication between parties)

What kind of damage was inflicted?  Material  Personal

Who is the third party?

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal code / City \_\_\_\_\_

Date of birth \_\_\_\_\_

Bank account number \_\_\_\_\_

Is the third party himself insured for the concerning damage?  Yes  No

If yes, with which Insurance company? \_\_\_\_\_ Policy number \_\_\_\_\_

**10. Recovery**

Are you of the opinion that the damage can be recovered from someone else?

Yes,

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal code / City \_\_\_\_\_

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

Date of birth \_\_\_\_\_

No, why not? \_\_\_\_\_

**11. Travel/ Baggage**

Where and under which circumstances did the damage occur? \_\_\_\_\_

Cause of damage? (see also question 7) \_\_\_\_\_

Has the airline company/ hotel management been informed of the damage/ loss?  Yes  No

Please enclose all formal reports of the damage/loss.

**12. Specification of damaged and/or lost items**

Where possible original payment receipts must be enclosed.

List of the damaged/ missing items	Date these items were purchased	Purchase price of these items in EUR	Repair costs and/ or damage amount



### 13. Extra costs (flight costs)

What was the reason for the extra flight costs?

- Decease of blood relative 1st and 2nd degree (enclose death certificate)
- Life threatening condition of relation by blood or affinity (Please enclose a statement from the treating doctor)

Name in full of concerning family member \_\_\_\_\_

Date of birth \_\_\_\_\_

What is the relationship with you? \_\_\_\_\_

Total amount of the extra flight costs? \_\_\_\_\_

Please enclose all the original flight tickets, original invoices and a birth certificate (submitted in English, Spanish, French, German or Dutch) clearly establishing the degree of kinship between the insured and the family member who has is ill or passed away.

### Signature

The undersigned declares:

- that to the best of his/ her knowledge he/ she has answered the questions above and provided the documents requested correctly and truthfully and has not withheld any particularities with regard to this damage;
- to provide this damage report form and any other information still to be provided to Aon in order to help Aon ascertain the extent of the damage and the entitlement to payment;
- to have read the contents of this form.

Note: Deliberate provision of inaccurate information results in the forfeit of any right to payment.

\_\_\_\_\_  
City

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### Return Address

Please e-mail this completed form to [students@aon.nl](mailto:students@aon.nl) or send it to:

Aon, IPM, PO Box 1005, 3000 BA, Rotterdam, The Netherlands

## Claim instruction

	Report of the event	Medical certificate (hospital admission)	Police report (English/ French or translation)	Purchase/ repair	Claim form + original bills	Specification items lost/ stolen	Price/ date of purchase	Held liable by aggrieved party	(Copy) air ticket + bill travel agency	Certificate attending physician/ death certificate	Follow instructions after reporting event	If repatriated: (copy) air ticket, bill travel agency + referral local doctor
Medical expenses insurance		X			X							X
Household contents insurance	X		X	X		X	X					
Travel/ baggage insurance	X		X	X		X	X					
Liability insurance	X			X				X				
Accidental insurance	X										X	
Extra costs (air travel)									X	X		

### Particular note should be taken of the following

- All notices of loss are to be submitted within five days of the occurrence or manifestation of the loss. This does not apply to ordinary medical expenses
- An obligation to report any circumstances from which an obligation to pay compensation may be ensuing for the company is required under the terms of the liability insurance.
- We strongly advise you to read the terms and conditions prior to submitting a claim. In this way unnecessary disappointment can be avoided.
- Save all sales receipts as far as possible of your purchases, proving your ownership and the value of your property.
- We particularly emphasize the fact that all right to compensation will be forfeited in the event of negligent action. This includes, among other things, leaving valuable goods behind unsupervised or in a car.
- On exceeding the amount of the deductible applying to your policy, your medical expenses claim may be submitted to the company together with the original bills.