

1. Personal data of the insured

Citizen Service Number _____

 Initials and last name _____ m v

Street _____ Number _____

Postal code _____ Town _____

Date of birth _____ Phone number _____

 Brief description of the nature and gravity (symptoms) of the disease/accident:

2. For reimbursement of the incurred expenses please answer the questions below

In which country were the expenses incurred? _____

Date of departure from the Netherlands _____

Date of return to the Netherlands _____

- Were you abroad for work reasons?

 Yes No

Were you abroad because of an internship/traineeship or a course/studies?

 Yes No

- Did you take out a travel insurance policy that covers medical expenses?

 Yes No

If so, with which insurance company? _____

Polisnummer _____

(Please enclose a copy of your policy schedule)

- Was the medical attention sought urgent?

 Yes No

- Were you admitted to a hospital?

 Yes No

- Did you contact the emergency centre as indicated on your insurance card?

 Yes No

If not, please indicate the reason. _____

 - Did you know prior to your departure that you would require medical
treatment abroad?

 Yes No

If so, did you receive a relevant specific referral from your doctor? (Please enclose the referral with this claim form). _____

	Invoice from (doctor, institute, etc.)	Who was treated? Date of birth	Currency	Invoice total	Result of accident*	
					Yes	No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Number of enclosed invoices _____

3. For a quick and correct settlement of this claim:

- Please enclose the invoices in the same order as you have mentioned them on this claim form.
- Please only submit original invoices (unfortunately we cannot consider photocopies and/or payment reminders).
- We advise you to save copies for your own records.
- Please enclose any referrals and/or prescriptions from your doctor.
- When claiming medicines and bandages, please enclose a copy of the prescription or proof of your consultation with a general practitioner/medical specialist.
- Invoices should preferably be drafted in French, German or English.
- Please submit invoices as soon as possible, but no later than December 31 of the calendar year after the third year in which the treatment was carried out.
- Zorg en Zekerheid will not reimburse invoices from abroad directly to the foreign institute. The payment of these invoices is solely your responsibility.

I, the undersigned, hereby confirm that I have completed this form truthfully. By signing this form, the undersigned authorises O.W.M. Zorgverzekeraar Zorg en Zekerheid u.a. to recover the damage or loss suffered from the travel insurer and grants the travel insurer permission to transfer the relevant reimbursement amount to the bank account of O.W.M. Zorgverzekeraar Zorg en Zekerheid u.a. I, the undersigned, grant the medical advisor of Zorg en Zekerheid permission to consult my medical file.

Place _____ Date - -

Signature

Have you completed the form?

Send this claim form to Zorg en Zekerheid, Antwoordnummer 12030, 2300 VC Leiden.

Note

- * Result of accident
By checking this option you can indicate whether the claimed expenses are the result of an accident caused by another party. We will settle your claim in the customary manner and subsequently send you a questionnaire, if necessary.