



General claim form.

This claim form may be sent to:

ACE Europe
Avenue des Nerviens 9-31, bte 7, 1040 Brussels, BELGIUM, tel +32 2 516 97 83, fax +32 2 516 97 82.

Nature of claim:	Accident/illness:	Yes / No
	Liability:	Yes / No
	Luggage:	Yes / No
	Extraordinary costs:	Yes / No

1. Policy number: _____ E-mail address: _____

Name and initials: _____ Woman / Man

Address: _____

Postcode: _____ Town/City: _____

Telephone: _____ Date of birth: _____

Bank or post office giro account number: _____

2. Are you insured elsewhere against this damage or loss ? Yes / No

If so, Company: _____ Policy number: _____

3.a. When did the damage/loss/accident/illness occur ? Date: _____

Time: _____

b. Place: _____

c. Cause: _____

d. Circumstances (if necessary, enclose a diagram and/or explanation of the situation on the back of this form)

To which police office was the incident reported ? _____

Police report number: _____

Please enclose the statement made (where appropriate from the hotel, camping site, transport company, etc.)

In your opinion can the damage or loss be recovered from a third party? Yes / No

If so, Name: _____

Address: _____

Telephone: _____

Why did you feel that the damage or loss can be recovered from that person ? _____

Where is that person insured ? Company: _____

Policy number: _____

What is that person's relationship to yourself? _____

4. To be completed only in case of accident or illness.

Date and circumstances of the first symptoms/signs of illness/accident ? _____

Description of the injuries or complaints: _____

When was the first medical assistance provided ? _____

Name of party providing assistance: _____

Address: _____

Are you still being treated ? Yes / No

Name of attending: _____

Address: _____

Were you referred to a specialist ? Yes / No

If so, when ? _____ To whom ? _____

Have you previously suffered from the same complaints? Yes / No

If so, on what date ? Mention the last time: _____

Enclosure	Bill dated.	Name of specialist/pharmacy	Amount in foreign currency	Amount in euro's	Reimbursement from state medical insurance agency or medical expenses policy
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

NB: You should send the original bills for all costs incurred.

5. To be completed only in the case of luggage claim.

Details of damaged and/or lost objects.

Purchase date: _____ Purchase cost: _____ EUR

Estimate of damage/loss: _____ EUR

Please enclose purchase invoices.

Can the damage be repaired ? Yes / No

If so, for how much ? _____ EUR

Where are the damaged objects ? _____

Where and when can the damage be assessed? _____

6. To be completed only in the case of assistance and/or extraordinary costs.

a. What do these costs consist of ? _____

b. Why were these costs necessary? _____

The necessity hereof should be evidenced by a doctor's note.

The personal information is collected and hold by ACE European Group Ltd., avenue des Nerviens 9/31 - 1040 Brussels, for the general management of the customers relations, the sale and the commercialization of insurances. Following the Law of protection of private life, of 8 December 1992, you have the right to consult the information concerning yourself as you have the right to correct any eventual erroneous, incomplete or without purpose piece of information relative to your person.

For this, you have to send a recommended letter to the file administrator: ACE European Group Ltd.

The undersigned declares:

- that he/she answered the above questions and provided the above particulars accurately, truthfully and to the best of his knowledge, and that he/she has not withheld any particulars relating to this claim;
- that he/she submits this claim form and any additional information to the insurer for the purpose of determining the extent of the damage or loss and the entitlement to benefit;
- that he/she has taken note of contents of this form.

The undersigned also hereby authorises the medical advisor of ACE Europe to obtain any desired information from attending physician(s).

Said physician is also hereby authorised to provide any information relating to this claim.

Place: _____ Date: _____

Signature: