

Claim form - Expat Insurance Package

You must use this form to report damage covered by one or more types of insurance included in the Expat Insurance Package. Please answer the questions accurately and clearly so as to avoid any delay in processing your claim.

1 - General information

Policy number	_____
Name	_____
Date of birth	____ - ____ - ____
Address	_____
Postal code / City	_____
Country	_____
Telephone number	_____
E-mail address	_____
IBAN*	_____ BIC/Swift _____
Bank name	_____
Bank address details	_____

**International Bank account number, preferably a European IBAN*

Have you reported the damage / loss to another insurer / airline company?

- ☐ No
☐ Yes

Are you entitled to reimbursement / compensation elsewhere?

- ☐ No
☐ Yes, I am also insured at:

Name insurance company/airline	_____
Policy number	_____
Type of insurance	_____
Insured sum	_____

I want to file a claim that is applicable to the following insurance(s) (please check the applicable box and fill out the additional mentioned section of this claims form):

- | | |
|--|--|
| ☐ Social Repatriation (questions section 2) | ☐ Personal liability (questions section 3) |
| ☐ Legal Assistance (questions section 4) | ☐ Accident coverage (questions section 5) |
| ☐ Home contents (questions section 6) | ☐ Instruments and Valuables (questions section 6) |
| ☐ AnnualTravel (questions section 7) | |

2 – Social Repatriation

What was the reason for the extra flight costs?

- ☐ Decease of a relative in the 1st or 2nd degree
- ☐ Life-threatening condition of relative in the 1st or 2nd degree

Full name of relative _____

Date of birth _____ - _____ - _____

What is the relationship to you?

Total amount of the extra flight costs?

Please enclose copies of the following documents to accompany this form:

- ✓ The flight ticket(s) and invoices for travel to and from the airport(s)
- ✓ Official documents proving the family relationship between you and the family member who was / is ill or has passed away (e.g. funeral card, marriage certificate, birth certificate, etcetera)
- ✓ Either the death certificate or a statement from the attending physician

3 – Personal Liability

What kind of damage was inflicted?

- ☐ Material damage ☐ Physical injury

Please provide the following details of the third party:

Name _____

Address _____

Postal code / City _____

Date of birth _____ - _____ - _____

E-mail address _____

IBAN _____

Is the third party entitled to reimbursement / compensation elsewhere?

- ☐ No
- ☐ I don't know at this stage
- ☐ Yes, at insurance company _____, policy number _____

Please enclose copies of the following documents to accompany this form:

- ✓ All correspondence between the parties involved

4 - Legal Assistance

Please provide a detailed description of the dispute:

Please enclose copies of the following documents to accompany this form:

- ✓ Any relevant documents that proof the case
- ✓ Invoices for the legal assistance*

**In the case that you already contacted a lawyer. We always advise to contact us up front about the dispute, before engaging with a lawyer / making expenses, so that you have confirmation of coverage up front and avoid that a claim is declined afterwards.*

5 - Accident coverage

When did the accident take place?

Date ____ - ____ - ____

Where did the accident take place?

Address _____

Postal code / City _____

Please describe the cause of the accident and describe the details of the circumstances:

Was a police report drawn up?

☐ No

☐ Yes, reference number: _____

What was the insured party doing when the accident took place?

Was the insured carrying out their paid occupation at the time?

☐ No

☐ Yes

What is the nature of the injury?

Is there a chance of permanent physical injury, such as permanent disability or scarring?

☐ No

☐ Yes

Please enclose copies of the following documents to accompany this form:

- ✓ The police report

6 - Home contents, luggage, instruments and valuables

At what moment did the damage / loss occur?

Date ____-____-____

Time ____:____

At what place did the damage / loss occur?

Location (e.g. kitchen, garden, etcetera) _____

Address _____

Place _____

Country _____

Are you the owner or the tenant of the building?

☐ Owner

☐ Tenant

☐ Not applicable

Did you report the damage to the police?

☐ Yes

☐ No, because _____

Is the damage going to be repaired?

☐ No

☐ Yes, for the amount of: _____

Has this repair already taken place?

☐ No

☐ Yes, for the amount of: _____

How did the damage occur?

☐ Fire

☐ Explosion

☐ Storm

☐ Lightning

☐ Theft / Break-in

☐ Vandalism

☐ Collision

☐ Precipitation

☐ Burst water-pipe

☐ Other, _____

Are there signs of forced entry to the building?

☐ No

☐ Yes

Please provide a detailed description below on how the loss / damage has occurred. If necessary make a sketch and/or explanation in the box below. Preferably add photos / pictures to your claim that show the damage that occurred.

Who caused the damage?

Name _____

Address _____

Date of birth _____

What is their relationship to you (e.g. relative, employer, etcetera)?

Were there accomplices?

☐ No

☐ Yes, their details are:

Name _____

Address _____

Date of birth _____-____-_____

What was the above-mentioned person doing when the damage was caused?

Please list the damaged good(s) in the table below. If more rows are needed, please provide a separate list to accompany this form.

Damaged / stolen / lost items	Purchase date	Purchase price (EUR)	Repair costs (if applicable)

Please enclose copies of the following documents to accompany this form:

- ✓ The invoice(s) and / or the estimate of the damage
- ✓ The police report
- ✓ Booking invoice / Flight ticket(s) showing travel dates (only in case of luggage)
- ✓ For damage / theft / loss during a flight, include the compensation confirmation of the airline
- ✓ Any pictures / photos of the actual damage caused/occurred (if applicable)

7 - Annual Travel Insurance

On which date did you book your trip and when were you supposed to travel and/or for which period did you arrange rental accommodation?

Booking date: ____-____-____

Departure date: ____-____-____

Return date: ____-____-____

Cancellation

What was the total cost of the travel and/or rental?

EUR _____

On which date did you cancel your travel/rental contract?

Date: ____-____-____

What was the reason for the cancellation?

Curtailment

On which date did you terminate your trip?

Date: ____-____-____

What was the reason your trip was terminated prematurely?

Delay

When was the departure originally scheduled?

Date ____-____-____

Time ____:____

When did the actual departure take place?

Date ____-____-____

Time ____:____

What was the reason for the delay?

Unforeseen costs

What were the costs you incurred?

Why were these costs incurred?

Damaged, stolen or lost luggage

For damaged, stolen or lost luggage, please fill out section 6 of this claim form and include additional information as requested in section 6.

Please enclose copies of the following documents to accompany this form:

- ✓ Booking invoice
- ✓ Flight ticket(s)
- ✓ Cancellation invoice
- ✓ Evidence for the reason of cancellation, delay or curtailment
- ✓ Payment receipts (only for unforeseen costs)

8 - Signature

The undersigned declares:

- that to the best of his/her knowledge he/she has answered the questions above truthfully and provided the correct and authentic documents requested and has not withheld any particularities with regard to this claim;
- to provide this claim form and any other information still to be provided to Aon in order to help Aon ascertain the extent of the loss / 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.

The personal data that you provide are used by us to process your request for information, quotes/ offers and financial products. We also use these personal data to contact you, if necessary, about the quote, to arrange the insurance and regarding the services we provide. We handle your data with care. We require other parties with whom we share your data to exercise that same care. For more information about how we handle your personal data, please see our Privacy Statement.

City

____-____-____
Date

Signature

9 - Return address

Please e-mail this completed form to ***claimsworldwide@aon.com*** or send it to: Aon – International People Mobility, PO Box 1005, 3000BA Rotterdam, The Netherlands