

## Additional information to submitting your cancellation!

### REPORTING A CANCELLATION CLAIM

Dear insured,

Cancelling your holiday is not a pleasant matter to deal with, however, for your cancellation to be processed properly and swiftly, we ask you to make sure to read the following information carefully.

#### We provide three ways to submit your cancellation claim with us:

1. The fastest and easiest way is for you to complete everything online and attach the remaining documents. Expected turnaround time is 2 weeks maximum. This can be done at <https://www.recreatieverzekeringen.nl/schademelding>
2. All documents can be mailed to us. Expected turnaround time is 3 weeks maximum. Mail the documents to [schademeldingen@recreatieverzekeringen.nl](mailto:schademeldingen@recreatieverzekeringen.nl)
3. Complete the claim form where possible (any relevant matters regarding your cancellation) and send it to us by post together with the other documents. Expected turnaround time is 4 weeks maximum.

**Please note! For a swift settlement, it is imperative to fill out the claim form as completely as possible and to send the following documents at the same time.**

#### Required attachments to the claim form are:

- Cancellation bill (to be requested from the organisation where you had booked the stay).
- A copy of your reservation or booking confirmation.
- Attachments showing the reason for cancellation.

#### If you send documents to us by post, please do so to our postal address:

**RecreatieVerzekeringen.nl**  
**Meester E.N. van Kleffensstraat 6**  
**6842 CV Arnhem**

We will notify you about the further proceedings regarding the settlement by email. Therefore, please clearly enter your email address on the claim form.



## Cancellation insurance claim form

possible. Please make sure to fill out the claim form properly and as completely as possible. Failure to provide or enter details may result in unnecessary delays in processing.

### 1. Policyholder/insured person details

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_  
Gender:        Male        Female        Date of birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Residential address: \_\_\_\_\_ House number: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Place of residence: \_\_\_\_\_  
Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
IBAN number: \_\_\_\_\_

### 2. Co-insured data

(if the cancellation is related to a co-insured)

Name: \_\_\_\_\_ Initials: \_\_\_\_\_  
Gender:        Male        Female        Date of birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

### 3. General data

Policy number: \_\_\_\_\_ and or        Booking number: \_\_\_\_\_  
Name of accommodation company: \_\_\_\_\_  
Booking date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (full date: day/month/year)        Amount of the journey/rent: € \_\_\_\_\_  
Amount already paid (in advance): € \_\_\_\_\_        Date of cancellation: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (full date: day/month/year)

### 4. Partial cancellation

(To be completed only in case of early return or later arrival, or if fewer persons joined or left earlier)

On which date did you return earlier or arrive later? \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (full date: day/month/year)

or

How many persons have not joined or returned early? \_\_\_\_\_ of \_\_\_\_\_

### 5. Reason for cancellation

Is your cancellation caused by illness (i.e. a medical reason) or injury due to an accident?

No, proceed to question 6

Yes, proceed to question 7

## 6. Reason for cancellation

(other non-medical reasons)

Breakdown of car due to accident (**breakdown, mechanical issue and so on are not included here**)

Separation/dissolution of cohabitation agreement

Unemployment of the insured (**after permanent employment, due to involuntary dismissal**)

Obtaining a job after unemployment (**employment of at least 20 hours a week, for the duration of at least six months or indefinitely**)

Allocation of rental property/purchase of new-build property (**unexpectedly receiving a rental property or unexpected completion of a new-build owner-occupied property, see clause 6.1.5 of the policy conditions**)

Pregnancy (**imminent childbirth in case the journey was booked before the start of the insured's or partner's pregnancy**)

Death - Relationship with the deceased person: \_\_\_\_\_

Other cause (**this cannot be a medical reason!**); i.e

After this question, please proceed to question 9

**If the cancellation is related to a medical reason, please fill out all the requested items completely at question 7 so as to avoid any unnecessary delays in processing your cancellation. You should also enter all dates where**

## 7. Medical reason for the cancellation

Health details of the insured/co-insured or family member 1st or 2nd degree

When did any complaints arise? \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (full date: day/month/year)

What are your complaints?:

When did you first consult a doctor, specialist, social worker and/or paramedic for these complaints?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (full date: day/month/year)

What diagnosis has been made?

By whom was the diagnosis made? (Insert name of attending physician and or hospital)

\_\_\_\_\_

When was the diagnosis made?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (full date: day/month/year)

Continue on page 3

**Are you currently under treatment?**

No

Yes. Please state with whom:

GP

Specialist

Social worker, such as a psychologist

Paramedic, such as a physiotherapist

Other, i.e.: \_\_\_\_\_

**Have you ever had similar complaints before?**

No. Please proceed to question 8.

Yes. Please answer the following questions:

From what moment did symptoms arise at the time? \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (full date: day/month/year)

What were your complaints at the time?:

Did you consult a doctor, specialist, social worker and/or paramedic for those complaints at the time?

No

Yes. Please state with whom:

GP

Specialist

Social worker, such as a psychologist

Paramedic, such as a physiotherapist

Other, i.e.: \_\_\_\_\_

From what moment did you recover from those complaints? \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (full date: day/month/year)

## 8. Accident yes/no

(In case of an accident, also fill out the questions below)

Date and time of the accident? \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ at \_\_\_\_:\_\_\_\_ hour

Where did the accident take place? Please include the street and place name:

What was the cause of the accident? Please also describe the facts of the case:

Has an official report been drawn up?

No

Yes, please enclose

## 9. Details of other insurer(s) involved

Have you also insured the risk of cancellation with another insurer? This may for example be a continued travel/cancellation insurance of you or one of the travelling companions.

No. Please proceed with item 9.

Yes. Please answer the following questions (in case of multiple policies, kindly enter the details below for all policies)

What is the name of that insurer?: \_\_\_\_\_

What is the policy number of that insurance?: \_\_\_\_\_

Did you make a claim on that insurance?

No

Yes

Do you receive any benefits from this insurer?

No

Yes

## 10. Verwerken persoonsgegevens

Anker Insurance Company n.v. and RecreatieVerzekering.nl are committed to protecting your privacy. We observe confidentially with regard to your data and treat your data entirely in accordance with the provisions of the General Data Protection Regulation. For further information on the processing of your personal data, please refer to the privacy statement on our website: [www.recreatieverzekeringen.nl](http://www.recreatieverzekeringen.nl).

## 11. Bijlagen

**Please include the following attachments if for a medical reason:**

- Copy of the original reservation/booking confirmation
- Cancellation bill (to be requested from the organisation where you had booked the stay)
- Confirmation/proof of hospitalisation, or
- Statement from your treating physician that you were unable to travel (do not include medical details)

**If for a non-medical reason:**

- Copy of the original reservation/booking confirmation
- Cancellation bill (to be requested from the organisation where you had booked the stay)
- Evidence showing the reason for cancellation, such as:
  - copy of the obituary card
  - proof of registration and rental agreement or proof of purchase of new property
  - copies of letters concerning dismissal or obtaining a job after unemployment
  - copies of letters concerning initiated divorce proceedings or dissolution of cohabitation agreement
  - pregnancy statement (with due date)

**Please make sure to enclose all attachments. Failure to include the requested attachments may cause unnecessary delays in processing your cancellation.**

## 12. Statement

The undersigned, the policyholder/insured, declares that:

he / she has answered all questions truthfully and in full;

he / she has not failed to communicate any details of this damage/loss;

he / she is familiar with the contents of the policy and the Terms and Conditions

Location : \_\_\_\_\_

Date : \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name : \_\_\_\_\_

Signature :