

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
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 B.V.
P.O. Box 6048
9702 HA GRONINGEN***

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

Please note! Only send attachments that are relevant to processing the cancellation. Do not send this cover sheet nor the insurance card, sheet 2 of the cancellation fee bill or pages that only contain information.

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)

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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 B.V are committed to protecting your privacy. We observe confidentiality 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.

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 :