

Nature of the injury

Other involved person Yes () No () If yes, please indicate the complete address, phones, emails....

Police or emergency unit report Yes () No () if yes, please enclose the report

Important: Direct settlement may only be given to a hospital, in case of hospitalisation or childbirth. The prior approval is compulsory for the reimbursement of certain services as mentioned in the general insurance conditions.

OTHERS

Date of the event

Place of event

Circumstances

Nature of the event

CONFIRMATION

All documents provided must be translated into English at the insured's own expenses. The insurer reserves the right to refuse refunds if the required documents are not translated.

I confirm that I attached all as indications below (all must be ticked to be reimbursed)

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Detailed invoice or invoice with medical report | <input type="checkbox"/> Proof of payment (bank, cash, credit card receipt) |
| <input type="checkbox"/> Physician prescription(s) | <input type="checkbox"/> Diagnostic of the illness, accident or maternity |
| <input type="checkbox"/> Bank holder and bank name complete details | <input type="checkbox"/> Claim form completed |

Date

Signature

IMPORTANT INFORMATION

In order to get refunded as quickly as possible, send us all the necessary documents stated above. Each new event in case of sickness, accident, maternity needs a separate claim form.

Complete bank details are required. Bank name or holder without full address can block the transaction(s).

To avoid high bank fees, we suggest that you collect your invoices for reimbursement and send it together with the claim form to our claims management.

ADDRESS FOR SENDING CLAIM FORM

By scan : swisscare@goudse.com

By postal mail at the following correspondence address :

Claims Department
De Goudse Verzekeringen,
Bouwmeesterplein 1, 2801 BX Gouda,
The Netherlands

(the company reserves the right to request originals)

In case of emergency, hospital admission or pre-approvals, please contact :

Alarm Service 24/7 +3150 520 9780



Legal notice : Anker Insurance Company n.v., having its registered office at Paterswoldseweg 812 at 9728 BM Groningen, in these policy conditions referred to as "Anker". Anker is registered with the Autoriteit Financiële Markten (AFM) (the Dutch Authority for the Financial Markets) under number 12000661 and is authorised by De Nederlandsche Bank ("DNB").