



Claim form ICS non-medical expenses – Aon Student Insurance

This form can be used to report damage for several types of Insurance. For further instructions read the appendix. Please fill in all the requested details and make a copy for your own administration. You can download a new form at www.aonstudentinsurance.com.

Type of insurance (please tick the correct box)

- Household contents: questions 1 to 8 + 12 Travel/baggage: questions 1 to 8 + 11,12
 Liability: questions 1 to 10 + 12 Extra costs (flight costs): question 13

Policy number _____

Policy holder's information

Name _____
Address _____
Postal code / city _____
Country _____
Telephone number _____
E-mail address _____
Bank account number _____
(If residing in The Netherlands, please fill in Dutch bank account number)
IBAN code _____
Name bank _____
Address bank _____
Swift code bank _____

1 Report damage

Has the damage/loss already been reported to Aon?

- Yes, when? _____
 No

2 Other insurance

Do you have insurance elsewhere that might cover these costs? Yes No

Insurance company _____
Policy number _____
Type of insurance _____
Insured sum _____

Have you reported the damage/loss with the other insurance company? Yes No

If yes, please state contact person _____

Are certain objects such as jewelry, instruments and other valuables insured separately? Yes No

3 Information about date and place of the damage

Date of damage/ loss (dd – mm – yyyy) _____ - _____ - _____

Place and address of damage/ loss _____
(state location for example, kitchen, garden, etc.)



4 Police report

Did you report the damage to the police?

Yes (Send police report with this form)

No, because _____

5 Repair

Is the damage going to be repaired? Yes, for what amount? _____ No

Has this repair already been done? Yes, for what amount? _____ No

(Enclose invoices and/or estimate of the damage)

6 Cause of damage

What caused the damage?

Fire

Traffic

Scorch/ Singed/ Melt

Storm

Vandalism *

Stroke of lightning

Precipitation

Theft/robbery *

Rapture water-mains

Explosion

Other _____

* Are there signs of forced entry? Yes No

Description (if necessary attach a sketch and/or explanation separately)

7 Who caused the damage?

Name _____

Address _____

Date of birth (dd – mm- yyyy) _____ - _____ - _____

What is the relationship with you? _____ (family, employment, etc.)

Were there accomplices? Yes No

Name _____

Address _____

Date of birth (dd – mm – yyyy) _____ - _____ - _____

With what was the damage caused? _____

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

8 Witnesses

Were there witnesses to the incident? Yes No

If so, please list their full names and addresses (Use a separate sheet for this)



9 Damage to others (Liability)

(It is absolutely necessary to provide all communication between parties)

What kind of damage was inflicted? Material Personal

Who is the third party?

Name _____

Address _____

Postal code / City _____

Date of birth (dd – mm – yyyy) _____

Bank account number _____

Is the third party himself insured for the concerning damage? Yes No

If yes, with which Insurance company? _____ Policy number _____

10 Recovery

Are you of the opinion that the damage can be recovered from someone else?

Yes,

Name _____

Address _____

Postal code / City _____

Telephone number _____

Date of birth (dd – mm – yyyy) _____

No, why not? _____

11 Travel/ Baggage

Where and under which circumstances did the damage occur? _____

Cause of damage? (see also question 7) _____

Has the airline company/ hotel management been informed of the damage/ loss? Yes No

Please enclose all formal reports of the damage/loss.

12 Specification of damaged and/or lost items

Where possible original payment receipts must be enclosed.

List of the damaged/ missing items	Date these items were purchased (dd – mm – yyyy)	Purchase price of these items in EUR	Repair costs and/ or damage amount in EUR



13 Extra costs (flight costs)

What was the reason for the extra flight costs?

- Decease of blood relative 1st and 2nd degree (enclose death certificate)
- Life threatening condition of relation by blood or affinity (Please enclose a statement from the treating doctor)

Name in full of concerning family member _____

Date of birth (dd – mm – yyyy) _____

What is the relationship with you? _____

Total amount of the extra flight costs? _____

Please enclose all the original flight tickets, original invoices and a birth certificate (submitted in English, Spanish, French, German or Dutch) clearly establishing the degree of kinship between the insured and the family member who has is ill or passed away.

Signature

The undersigned declares:

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

City

Date (dd – mm – yyyy)

Signature

Return Address

Please e-mail this completed form to claims@aonstudentinsurance.com or send it to:
Aon, IPM, PO Box 1005, 3000 BA, Rotterdam, The Netherlands

Claim instruction

	Report of the event	Medical certificate (hospital)	Police report (English/ French or translation)	Purchase/ repair	Claim form + original bills	Specification items lost/ stolen	Price/ date of purchase	Held liable by aggrieved party	(Copy) air ticket + bill travel agency	Certificate attending physician/ death certificate	Follow instructions after reporting event	If repatriated: (copy) air ticket, bill travel agency +
Medical expenses insurance		✓			✓							✓
Household contents insurance	✓		✓	✓		✓	✓					
Travel/ baggage insurance	✓		✓	✓		✓	✓					
Liability insurance	✓			✓				✓				
Accidental insurance	✓										✓	
Extra costs (air travel)									✓	✓		

Particular note should be taken of the following

- All notices of loss are to be submitted within five days of the occurrence or manifestation of the loss. This does not apply to ordinary medical expenses.
- An obligation to report any circumstances from which an obligation to pay compensation may be ensuing for the company is required under the terms of the liability insurance.
- We strongly advise you to read the terms and conditions prior to submitting a claim. In this way unnecessary disappointment can be avoided.
- Save all sales receipts as far as possible of your purchases, proving your ownership and the value of your property.
- We particularly emphasize the fact that all right to compensation will be forfeited in the event of negligent action. This includes, among other things, leaving valuable goods behind unsupervised or in a car.
- On exceeding the amount of the deductible applying to your policy, your medical expenses claim may be submitted to the company together with the original bills.