



Aevitae
P.O. Box 2705
6401 DE Heerlen

Declaration Form for Healthcare Costs Abroad

1 General details:

- 1.1 Policy number: _____
- 1.2 Type of insurance: Basic health insurance Supplementary insurance
- 1.3 Start/end date of trip: from ____ - ____ - ____ to ____ - ____ - ____
- 1.4 Journey destination: _____
- 1.5 Purpose of trip: Holiday Business Both
- 1.6 Was the damage reported to the Emergency Response Centre? No Yes, date: ____ - ____ - ____ File number: _____

2 Insured person who was treated:

- 2.1 Name and initials: _____ male female
- 2.2 Policy number: _____
- 2.3 Phone number: private: _____ | work: _____
- 2.4 Date of birth: _____ | Nationality: _____
- 2.5 Bank/giro number: _____ | Account name: _____

3 Illness/accident

- 3.1 Nature of illness/condition/accidental injury: _____
- 3.2a Did this condition already exist before the trip? Yes No, proceed to question 3.3
- 3.2b Name of treating physician in the Netherlands: _____
- 3.3 City and country of treatment: _____
- 3.4 Date/time of treatment: ____ - ____ - ____ ____ : ____ hour
Date/time of treatment: ____ - ____ - ____ ____ : ____ hour
Date/time of treatment: ____ - ____ - ____ ____ : ____ hour
Date/time of treatment: ____ - ____ - ____ ____ : ____ hour
- 3.5 Travel insurance: Yes No
- Company: _____ | Policy number: _____
- 3.6 Total costs: _____ | Currency: _____

4 Notes



Insured person's undertaking

I declare I have answered the questions truthfully and have familiarised myself with the conditions. I know that incorrect/partial completion of this form or concealment of facts relevant to the insurance policy/policies could lead to the right to reimbursement being curtailed or even forfeited. If I have acted such as to mislead Aevitae, Aevitae retains the right to annul the insurance.

Datum: - -

Plaats: _____

Handtekening verzekeringnemer: