

Claim form

Accident

Please note::

- make sure all applicable questions have been filled out as completely as possible; this will avoid delays in the claim handling process;
- answer the questions truthfully;
- in the event of **death** underwriters must be notified as soon as possible, but at the latest within 36 hours before the funeral or cremation, by telephone or e-mail;
- when **permanent disablement** is to be expected, notification of this must be made in writing as soon as possible;
- do you need more space for an explanation? Please add a separate attachment for additional information.

Policy number:

1. Policyholder

Data employer (if applicable)

Name			Contact within the company		
Address					
Number		Addition		Postal code	
City				Country	
Telephone number			E-mail address		

2. Data involved person

Name					
Date of birth				☐ M	☐ F
Address					
Number		Addition		Postal code	
City				Country	
Telephone number			E-mail address		
Profession				☐ Full time	☐ Part time
Marital status	☐ Married	☐ Unmarried	☐ Registered partnership		

3. Event

Where did the accident take place?					
Address					
Number		Addition		Postal code	
City				Country	
When did the accident take place?	Date			Hour	
During private or work time?	☐ Private time	☐ Work time			

4. Explanation

Please give a clear description of the event as well as an indication of the cause of the accident

5. Outcome

In case of injury: nature of the injury?

In case of death: the cause of death?

6. Involved vehicle (if applicable)

- ☐ Vehicle ☐ Motorcycle ☐ E-bike
☐ Other

Brand

Licence plate number

7. Questions about the vehicle (if applicable)

Place of the involved person in or on the vehicle ☐ Front seat ☐ Back seat ☐ Ahead ☐ On the back

Was the involved person the driver of the vehicle? ☐ Yes ☐ No ☐ Not applicable

Did the involved person wear a safety belt during the accident? ☐ Yes ☐ No ☐ Not applicable

Did the involved person wear a helmet during the accident? ☐ Yes ☐ No ☐ Not applicable

8. Police

Has a police report been drawn up? ☐ Yes, by police officer ☐ No

Police station

9. Witnesses

Names and addresses of possible witnesses

10. Medical treatment

On which day and at what time was at first medical aid granted? Date Hour

Is the involved person still under regular medical treatment? ☐ Yes ☐ No

Duration of the treatment (estimated)?

On which day the work was stopped?

According to the attending physician, is there a chance of permanent disablement? ☐ Yes ☐ No

What are the current physical complaints of the involved person?

11. General

Is there any information, which might be of importance for the assessment of this accident?

Is the accident according to the involved person the fault of a third party?

☐ Yes ☐ No

If so, please explain further

Is the involved person insured against accidents with another company?

☐ Yes ☐ No

Insurance company

Policy number

Is there a car passengers insurance?

☐ Yes ☐ No

Insurance company

Policy number

Signature

The undersigned declares to have answered the aforementioned questions and made the statements correctly and truthfully

Date

City

Signing by certificate or signature

Submission

After completing and signing this claim form, please email it to schade@hienfeld.nl or send it by post to Claims Department, Hienfeld B.V., P.O. Box 75133, 1070 AC Amsterdam, The Netherlands.

Disclosure

The disclosure obligation set out in Section 7:941 of the Dutch Civil Code obliges you, the policyholder or the person entitled to payment, to answer the questions on the claim form as fully as possible and truthfully. Furthermore, you are obliged to provide Hienfeld, within a reasonable period of time, with all information and documents that are or may be relevant for the assessment of the obligation to pay.

Please note: if you or the person entitled to payment fails to comply with these obligations, Hienfeld may reduce the payment by the amount of the loss they/ the insurers suffer as a result.

Please note: if you or the person entitled to payment fails to comply with these obligations with the intention of misleading us into making a (higher) payment, the right to payment will lapse.

Disputes

Complaints relating to (the performance of) this insurance contract or the preceding application may in the first instance be submitted to: The Board of Directors of Hienfeld, P.O.Box 75133, 1070 AC Amsterdam, The Netherlands. Or by e-mail: klacht@hienfeld.nl.

For more information regarding the complaints procedure go to www.hienfeld.nl/klachtenprocedure.

If the complaint has not been resolved to the satisfaction of the applicant (provided he/she is considered a consumer) within 3 months after final settlement of the complaint by Hienfeld, the applicant may submit a complaint to:

Financial Services Complaints Board (Kifid), P.O. Box 93257, 2509 AG The Hague, The Netherlands. See www.kifid.nl.

Disputes in connection with this insurance contract shall be submitted to the competent court, unless the parties agree on a different method of conflict resolution, such as mediation or arbitration.

Privacy, (sanctions) laws and regulations

Hienfeld processes personal data in accordance with the General Data Protection Regulation and complies with the Code of Conduct for the Processing of Personal Data by Insurers. This code of conduct can be requested via www.verzekeraars.nl.

Any personal data provided upon application for and/or amendment of an insurance contract or when submitting a claim is processed by Hienfeld for the purpose of:

- assessing and accepting the policyholder and/or the insured. For this purpose, Hienfeld will use a CDD investigation (CDD stands for Customer Due Diligence, or 'know your customer') based on the FISH (Fraud Information System Holland) database;
- implementing agreements;
- compliance with statutory requirements;
- conducting statistical and scientific analyses;
- conducting fraud checks and compliance with (sanctions) laws and regulations by means of the FISH database and the Compliancy Check;
- creating transparency (partly for other insurers) regarding all (neutral) claims by means of the CIS database (www.stichtingcis.nl).

To properly perform its activities, Hienfeld is affiliated with the Central Information System Foundation (CIS) in The Hague. Hienfeld stores and exchanges certain data about clients with the CIS Foundation. This data provides insight into the insurance history of a client who intends to take out an insurance policy or reports a loss. The CIS Foundation stores this information in a central database. The CIS Foundation is an independent foundation that stores insurance data for insurance companies and authorised agents operating in the Netherlands. Under (strict) conditions, the CIS Foundation makes these data available to interested insurers, authorised agents and consumers. The purpose of the central database is to manage risks and prevent fraud. For more information go to www.stichtingcis.nl. Here you can also view the privacy policy of the CIS Foundation.

Hienfeld may process data about your health or your criminal record. In that case, we will comply with applicable rules.

Hienfeld may, in some cases, engage other parties to provide services relating to the performance of the insurance contract and, within that scope, the handling of your damage or claim. You may inspect the personal data we process, have it modified or erased. More information on which third parties may receive your personal data, about the personal data we process about you, the purposes, the applicable retention periods and your rights, can be found in the privacy statement at www.hienfeld.nl/privacy-statement. There you will also find more information about the Data Protection Officer of Hienfeld.