



# Claim form for medical expenses

## For Erasmus Mundes students

Please send this claim form to: IPS/Meeùs Assurantiën BV, P.O. box 93512, 2509 AM The Hague, The Netherlands, tel. +31 70 302 85 98, fax +31 70 361 76 10.

You can download a new claim form on our website, check [www.ipsinsurance.info](http://www.ipsinsurance.info)

Policy number \_\_\_\_\_

Name and Initials \_\_\_\_\_ Street and number \_\_\_\_\_

Postal code \_\_\_\_\_ Town/ city \_\_\_\_\_

Country \_\_\_\_\_

Nationality \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Date of birth \_\_\_\_\_

Bank account number\* \_\_\_\_\_ Name account holder \_\_\_\_\_

\* When you have a bank account outside The Netherlands, please fill out the required information on the next page

Date and description of the complaints/ injury (e.g. headache, broken leg etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Accident:  Yes  No

Have you previously suffered from the same complaints?  Yes  No

If yes: on what date? Mention the last time: \_\_\_\_\_

Name doctor Caretaker etc.:	Date on invoice:	Amount on invoice:	Currency:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Enclose original invoices (**without original invoices we can not handle your claim**)

The undersigned declares that he/ she has answered the above questions and provided the above particulars accurately, truthfully and to the best of his/ her knowledge, and that he/she has not withheld any particulars relating to this claim.

The undersigned also hereby authorizes the medical advisor of IPS/ Meeùs Assurantiën BV to obtain any desired information from the attending physician(s).  
Said physician is also hereby authorized to provide any information relating to this claim.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ Country \_\_\_\_\_

# Payment information

Name and address beneficiary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full name and address of the bank \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank account number \_\_\_\_\_

IBAN code bank \_\_\_\_\_

Swift code bank \_\_\_\_\_

Bankleitzahl \_\_\_\_\_

(German bank only)

National bank code \_\_\_\_\_

(UK bank only)

Sort code \_\_\_\_\_

(U.S.A. bank only)





