

### Personal details of the person for whom the costs were incurred:

Name: .....

Address: .....

Postcode/city: .....

Policy number: .....

Date of birth: .....

IBAN: .....

Signature: .....

The claim is in relation to:  visiting costs  
 travelling expenses for:  admission  dismissal  
 treatment  examination  
 other,

viz.: .....

Type of transport used for travelling:  
 private transport  
 public transport  
 taxi  
 other, viz.: .....

Transport by taxi and/or a kilometre allowance is supported by medical grounds:  
 yes (include doctor's certificate)  
 no

On the dates below I visited .....

for:  admission  dismissal  examination  treatment:


Include hospital, specialist's or doctor's certificates for the above dates. Continue overleaf if insufficient space.

HollandZorg must have received a transport request before we can accept your claim.

