



dsm-firmenich

DSM ASSURANTIËN

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APPLICATION FOR CONTINUOUS TRAVEL / CANCELLATION INSURANCE

new request Effective date

(new relation)

change policy number Amendment date

(existing relation)

1 Applicant (DSM/DSM-related companies) male female

Name	.....	Initials	.....
Address	.....	Date of birth	.....
Postal code	.....	City	.....
Employer	.....	IBAN-nr	.....
Phone/private	.....	BIC-nr	.....
Phone/work	.....	Emailadres	.....

2 Premium Payment

Please indicate the premium term

per month half year per year

I hereby authorize DSM Insurances the premium due will automatically be depreciated from the above account number.

Signature: **date**

3 Insured persons

	Name and initials	Date of birth
1
2
	Insure children (resident/ non-resident students?)	
1
2
3
4
5



4 Accident coverage

You can also change the risk of death (A) and the invalidity risk (B) insured. See insured amounts A + B.

Would you like to insure headings A and B*? yes no

Wenst u de rubrieken A en B te verhogen? yes no

*) DSM/Sabic employees are already collectively insured for accidents.

5 Money and cheques / travel luggage

Would you like to increase the amount for money and cheques ?*) yes no
(max € 500 per policy; total insured amount per policy must not exceed € 1.000)

Do you want to increase the amount for travel luggage?*) yes no
(max € 5000/policy)

*) surcharge € 28,45/year

**) zie vergoedingen overzicht op pagina 4

6 Insure Continuous Cancellation risk

Option 1 A

€ 1.200,-- per person per trip

Premie

- € 60,70/year 1 person
 € 91,10/ year 2 persons
 € 121,45/ year family with children

Option 1 B

€ 2.500,- per person per trip

- € 60,70/ year 1 person
 € 104,50/ year 2 persons
 € 147,00/ year family with children

Option 2

- a. € 1.200,-- per policy per year
b. € 2.400,-- per policy per year
c. € 3.600,-- per policy per year

- € 45,55/ year per policy
 € 68,30/ year per policy
 € 91,10/ year per policy

7 Other Announcements

Do you have any other means to inform that the assessment of this insurance application could be of interest? yes no

If yes, please explain:

.....



Filled in (place)

Date

Signature Applicant

EXPLANATORY STATEMENT

Personal data

When applying for insurance and / or coverage; in the event of a change and in the event of damage, personal data will be requested. These are processed by DSM Assurantiën for the purpose of entering into and executing agreements and marketing activities, to prevent and combat fraud against financial institutions, for statistical analysis and to be able to comply with legal obligations. In connection with the implementation of a responsible acceptance and claims settlement policy, Nationale Nederlanden can consult personal data at Stichting CIS in The Hague and have it recorded there in the event of a reported damage. The privacy regulations of the CIS Foundation apply to this. See also: www.stichtingcis.nl.

DSM Insurances BV, hereinafter referred to as "DSM Assurantiën", processes your personal data for the purpose of realizing insurance contracts, preventing fraud and complying with legal obligations. The privacy statement of DSM Assurantiën applies to the processing of your data. You can find this privacy statement at www.dsm.nl/verzekeringen. Because DSM Assurantiën is the authorized representative of Nationale Nederlanden, Nationale Nederlanden processes your personal data for the insurance product mentioned on this form. The privacy statement of Nationale-Nederlanden applies to this processing. You can find this at www.nn.nl/privacy. Both parties are independently responsible for processing as referred to in the General Data Protection Regulation.