

# Claim form

Policy nr. \_\_\_\_\_

Please complete the following claim form and send it back to our claim service partner **Europäische**  
*Instructions and address at bottom of the pages. You can scan to the email address above.*

INSURED PERSON	
<b>LAST NAME</b>	<b>First name</b>
<b>Gender</b> Male ( ) Female ( )	<b>Date of birth</b> (dd/MM/YYYY)
<b>Email</b>	<b>Phone number</b>
<b>Address</b>	<b>Zip / City</b>
<b>Country of permanent residency</b>	<b>Occupation</b>

BANK ACCOUNT FOR REIMBURSEMENT (Attention: please fill in all the details carefully)	
<b>Bank holder name + full bank address</b>	Same as insured person ( )
<b>Bank name + full bank address</b>	<b>IBAN</b>
	<b>Swift / BIC</b>

**Are there any other insurers covering and/or reimbursing the costs for this claim?** Yes ( ) No ( )

In the affirmative, please send us the coordinates of these insurers as well as the detailed accounts of any settlements already made and copies of medical prescriptions, invoices and other relevant supporting documents.

**IMPORTANT :**

1. Did you have already made a claim to this policy within the last 12 months or does this claim concern a follow-up treatment of an affection already declared to the Claims Department?  
 Yes ( ) Claim nr. \_\_\_\_\_ No ( )

2. Is the related treatment received due to alcohol or drug abuse?  
 Yes ( ) No ( )

ILLNESS / MATERNITY	
<b>Type of illness / Diagnostic</b>	<b>Date/time first symptom</b>
<b>Description</b>	
<b>Have you already received medical care (including prescribed or bought medicine) for this illness or any potentially related health condition?</b> Yes ( ) Date of treatment _____ No ( )	
<b>Name of the treatment received</b>	
<b>Name, address, phone, email, fax of the physician</b>	
_____	
_____	
_____	

## ACCIDENT

**Date of the accident** \_\_\_\_\_ **Place of accident** \_\_\_\_\_

**Circumstances** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Nature of the injury** \_\_\_\_\_

\_\_\_\_\_

**Other involved person** Yes ( ) No ( ) If yes, please indicate the complete address, phones, emails....

**Police or emergency unit report** Yes ( ) No ( ) if yes, please enclose the report

**Important:** Direct settlement may only be given to a hospital, in case of hospitalisation or childbirth. The prior approval is compulsory for the reimbursement of certain services as mentioned in the general insurance conditions.

## OTHERS

**Date of the event** \_\_\_\_\_ **Place of event** \_\_\_\_\_

**Circumstances** \_\_\_\_\_

\_\_\_\_\_

**Nature of the event** \_\_\_\_\_

\_\_\_\_\_

## CONFIRMATION

All documents provided must be translated into English at the insured's own expenses. The insurer reserves the right to refuse refunds if the required documents are not translated.

**I confirm that I attached all as indications below (all must be ticked to be reimbursed)**

( ) Detailed invoice or invoice with medical report ( ) Proof of payment (bank, cash, credit card receipt)

( ) Physician prescription(s) ( ) Diagnostic of the illness, accident or maternity

( ) Bank holder and bank name complete details ( ) Claim form completed

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

Insured by



**Declaration** I hereby accept that Europäische Reiseversicherungs AG in Basel (Switzerland) procures information about the state of my health with a view to obtaining the information necessary for the evaluation of the insurance event and for the assessment of the claim. My acceptance solely comprises medical reports from the date on which the policy came into force and until the final assessment date of the benefit. When supplementary medical records are issued by physicians, a special declaration is used, supplemented - at Europäische Reiseversicherungs AG in Basel (Switzerland) request - with a copy or an extract of relevant case records. The reports can be procured from authorised persons within the health care sector, hospitals and health care institutions, public authorities and insurance companies / pension funds. Other insurance companies, pension funds, and other authorised persons within the health care sector, involved in the case, are allowed to become acquainted with the medical records procured.

**Information** The benefits of this insurance are covered by EUROPÄISCHE Reiseversicherungs AG, 4002 Basel in Switzerland, ("ERV"). ERV has delegated the management of the insurance policies to Swisscare Insurance Services (Switzerland) AG, Chemin de Beaulieu 8, 1752 Villars-sur-Glâne in Switzerland („Swisscare“).