MONDIAL ASSISTANCE

Insurance claim form

Accident	☐	Code	PLEASE LEAVE BLANK
Illness	☐	Dossier no.	PLEASE LEAVE BLANK

Tips for completion! Form to be completed in full (including back); please print. Do not forget to enter your bank or giro account number. Always enclose a copy of your insurance certificate. A cover note listing the policy details may be substituted for the latter. Please enclose any explanatory notes on a separate sheet if there is not sufficient space on the form.

Details insured person

Name and initials	m/f	E-mail	
Adress		Bank/Giro account no.	
Postcode, town		In the name of	
Telephone no. (day)		Nationality	
Telephone no. (evening)		Date of Birth	(Day - Month - Year)

Questions / Answers

Questions		Answers	
1 A Which branch issued the insurance policy?		Adress	
Name		Postcode, town	
2 A What is the number of your insurance policy? (Please enclose original or copy)		Number	
B Date of departure		Date	
C Duration of travel		Number of days	
3 What was the date of the initial medical treatment?		Date	
4 Which physician provided the initial medical treatment?		Town	
Name and initials		Country	
5 Are you currently still receiving medical treatment?			☐ Yes ☐ No
Name and initials physician		Town	
6 Name of your GP and town		Name and initials	
		Town	
7 A Who is your continuous insurer in respect of medical costs?		Name	
		Adress	
		Postcode, town	
(A copy of the policy must always be enclosed)		Policy number	
B Excess		Amount	€
8 A Have you been in contact with Mondial Assistance, and if so, on which date?			☐ ☐ Yes No
		Date	
B What is your dossier number at Mondial Assistance?		Dossier number	
9 A Have you ever made a claim under any travel insurance policy?			☐ Yes ☐ No
If yes, which company and when?		Company	
		Date	
B What is your dossier number at Mondial Assistance?		Dossier number	

SF03*08

See over

Damage or injury relating to an accident

10 A What was the date and time of the accident? Date

Time (Hours - Minutes)

B In which town/country did the accident occur, and in which location? Town, country

11 A What caused the accident and what were the circumstances under which it occurred?

B During what activities did the accident occur?

(If the accident occurred during a sports activity, please indicate clearly the type of sport)

12 Is a third person to blame for the accident in your opinion? Yes No

Name

Adress

Town, country

13 What injury was sustained by the accident? (Please answer in detail)

14 According to the physician treating you at present, is there a risk of permanent disablement? Yes No

Damages relating to illness

15 On what date did the illness occur? Date

16 Nature of disease

17 Have you suffered from this illness before? Yes No

If yes, did you consult a physician prior to the start of travel in respect of this illness? Yes No

And on what date? Date

18 Were you receiving medical treatment at the time the insurance policy came into effect? Yes No

To be completed in case of accident and illness (please enclose original insurance notes and indicate whether they have been paid by you or otherwise)

Description	€	Amount	Paid
			Yes No
			Yes No
			Yes No
			Yes No

Personal details entered on this form and any details which may be submitted later may be included in the insured persons administration of Mondial Assistance International AG and in a central information system for insurance companies active in the Netherlands. Please contact Mondial Assistance International AG if you have any questions, and regarding the data protection rules which apply tot these records. The undersigned declares • to have answered and provided the above questions and details accurately, truthfully and to the best of his/her knowledge, and not to have withheld any information relating to the loss or damage • to give permission herewith (in so far this is necessary) to the medical advisor(s) of Mondial Assistance to provide any relevant details to the medical advisor of Mondial Assistance International AG in relation to the reason and background in case of medical treatment, admission to hospital and/or repatriation • to submit this claim form and details still to be provided to Mondial Assistance International AG, partially for the purpose of determination of the amount of the damages and entitlement to payment • to have taken note of the contents of this form • to be familiar with the condition that any entitlement to payment becomes invalid upon submission of incorrect/false details. Signing of this form signifies that you transfer entitlement to payments based on any insurance policy elsewhere to Mondial Assistance International AG.

Signature Date