LIABILITY / LEGAL ASSISTANCE
ACCIDENT CLAIM FORM
(PLEASE USE BLOCK CAPITALS)

Policy number _____

INFORMATION ABOUT THE INSURED

First Name _____   Last Name _____

Address _____

_____

Postal Code _____ City _____ Country _____

Date of Birth (dd/mm/yyyy) _____ Gender   M   F

Email _____

Tel* _____   Mobile* _____

please include country codes

INFORMATION ABOUT THE ACCIDENT

Date & time _____

Place _____

Describe what happened?

_____

_____

_____

_____

Name of **witness**, if any _____ Gender M   F

Address _____

Postal Code _____ City _____ Country _____

Mobile* _____ Email _____

Name of **opposite party,** if any _____ Gender M   F

Address _____

Postal Code _____ City _____ Country _____

Mobile* _____ Email _____

Their insurance company _____

Country _____ Policy No _____

Is there a relationship between the insured, the opposite party and/or the witness?

     No   Yes

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IN CASE OF BODILY INJURY

Name of the injured persons ....

Description of the injury

....

....

....

....

....

When/where did he/she find first medical help?

....

Is the injured person hospitalised?   No   Yes ....

Name of the hospital .... City ....

IN CASE OF MATERIAL DAMAGE

Description the damage

....

....

....

....

REIMBURSEMENT METHOD

The amount should be reimbursed to ....

Please transfer reimbursement to my account in .... (country)

Name of bank ....

Address ....

IBAN .... BIC/SWIFT code, ABA, if any ....

Account No Account holder ....

! Please include following documents:

- *original legal documents;*
- *police report;*
- *sketch.*

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MUST BE SIGNED BY THE INSURED

I, the undersigned, declare that all information given in this claim form is in accordance with the truth and that nothing is concealed. I authorise Expat & Co and the insurance company to obtain information from any doctor, hospital or insurance company concerning myself or any co-insured persons in order to process the claim in accordance with the Policy Conditions.

I hereby give Expat & Co the authority to recover any reimbursement, advanced by them, from any other insurance company or social security institution which can give a right to reimbursement as a consequence of this claimed illness, injury or accident.

I hereby accept that Expat & Co and the insurance company will record the information given for the purpose of processing data in connection with e.g. premium collection, processing of claims, reimbursements, etc. In case of non-acceptance of the request for reimbursement, the information given may be recorded. Furthermore, I accept that insurance correspondence which does not contain health information or other sensible information is sent to the person registered as the policy holder. Expat & Co or the insurance company may choose to have data processed in or outside the EU.

Date _____   Signature _____

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