EXPAT & CO
smart insurances

ILLNESS / ACCIDENT MEDICAL CLAIM FORM

(PLEASE USE BLOCK CAPITALS)

Policy number .....

INFORMATION ABOUT THE INSURED (1 claim form per insured)

First Name ..... Last Name .....

Address .....

.....

Postal Code ..... City ..... Country .....

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

Mobile* ..... Email .....

**please include country codes*

IN CASE OF ILLNESS/INJURY

Describe the course of the illness / injury (date, time, place, cause)

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First symptoms .....

Have you previously suffered from the same complaints? ◯ No ◯ Yes, when? .....

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When/where did you first seek medical help? *(Please include a medical report stating the diagnosis)*

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	Date of treatment (in chronical order) (dd/mm/yyyy)	Name of doctor, hospital, pharmacist,...	Diagnose	Currency	Amount	Already paid? (y/n)
1						
2						
3						
4						
5						
6						
7						

Please include all information from the doctor together with the original receipts and bills.

The bills must state the dates of treatment and specify each individual amount.

Name of your family doctor .....

Address .....

Postal Code ..... City ..... Country .....

Tel* ..... Email .....

**please include country codes*

IN CASE OF A HOSPITAL ADMISSION

Date of Admission ..... Date of Discharge .....

Name of the hospital .....

Name of the treating doctor .....

Address .....

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Postal Code ..... City ..... Country .....

Tel* ..... Mobile* ..... Email .....

**please include country codes*

Please include all information from the doctor together with the original receipts and bills.
The bills must state the dates of treatment and specify each individual amount.

INFORMATION ABOUT OTHER INSURANCE OR SOCIAL SECURITY

Do you have a similar cover with another insurance company or social security institution
(health fund, mutuelle, krankenkasse)? ◯ No

◯ Yes, name of company or institution ..... Policy or Soc Sec No .....

Address .....

.....

Postal Code ..... City ..... Country .....

Tel* ..... Mobile* ..... Email .....

**please include country codes*

Has the claim been reported to the other company/institution?

◯ No, because .....

◯ Yes, please send us evidendence of the company or institution refund.

IN CASE OF AN ACCIDENT *Please include a police report and a sketch of what happened.*

Describe the situation .....

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Name of witnesses, if any .....

Address .....

Postal Code ..... City ..... Country .....

Tel* ..... Mobile* ..... Email .....

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Name of the opposite party, if any .....

Address .....

Postal Code ..... City ..... Country .....

Tel* ..... Mobile* ..... Email .....

Their insurance company ..... Country .....

Policy Number .....

REIMBURSEMENT METHOD

The amount should be reimbursed to ◯ Policyholder ◯ Insured ◯ Other

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

Name of bank .....

Address .....

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

Account No ..... Account holder .....

REMARKS

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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 .....