

Claim form

Health care costs for visitors

Policy no.

Claim no.

(filled in by Allianz Global Assistance)

1. Details of insured person

Last name

First name

Nationality

Date of birth

Date of entry in Switzerland

Date of departure from Switzerland

2. Address in Switzerland / staying with

Last name

First name

Street / no.

ZIP / town

Telephone private

Telephone work

E-mail

3. Details of payment of benefits

Bank / postal check account no. (IBAN)

Bank name

ZIP / town

Account holder (name, address)

4. Details of other insurances

a) With which company and / or other medical insurance / accident insurance are you also insured against illness or accident?

Company

Agency

Policy no.

b) Has another party (other insurance) already paid a compensation?

 Yes No

If yes, by whom? Company

Policy no.

c) Has a previous application been made for indemnification from a medical expenses insurance policy?

 Yes No

If yes, when?

Company

Policy no.

d) Was a doctor's health certificate issued? (if yes please enclose)

 Yes No

How can we help?

AWP P&C S.A., Saint-Ouen (Paris), Wallisellen branch (Switzerland)
 Hertistrasse 2, 8304 Wallisellen, Tel. +41 44 283 32 22, Fax +41 44 283 33 83
 claims@allianz-assistance.ch, www.allianz-assistance.ch

5. Details of the illness

a) Please describe the course of the illness in your own words

b) Did the health problems arise suddenly? Yes No

c) When did you first notice the health problems? Date

When did you go see the doctor? Date

Which doctor did you see? (Name, address)

d) Have the health problems already occurred previously? Yes No

If yes, when was the first time? Date

Did you go see a doctor at that time? Yes No

If yes, which doctor did you see? (Name, address)

6. Details of the accident

a) When and where did the accident happen? Date Time
Place

b) Please describe how the accident happened in your own words. What happened exactly?

c) Which injuries did you suffer from?

d) Was it a traffic accident? Yes No

e) If yes, has the police been involved? Yes No

f) If yes, did they draw up an accident report?
(if yes please enclose the report) Yes No

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Declaration

I confirm that the above information is true and complete. I note that I may lose the right to indemnity if my information is untrue incomplete or contradictory, even if this does not cause the insurer any disadvantage. I declare my consent to Allianz Global Assistance (Schweiz) obtaining information and inspecting files from travel companies and agents, transport companies, authorities (police, courts etc.), other insurance providers etc., and release them from their legal or contractual professional secret. Insofar as I am not already aware, I hereby acknowledge and agree that information provided for the purposes of claims settlement may, if necessary, be made wholly or partially available to service providers in Switzerland or elsewhere in Europe that are subject to comparable standards of data protection.

Release from confidentiality obligation

I am aware that, in order to assess its indemnification obligation, Allianz Global Assistance (Schweiz) will check information which I have provided to substantiate my claim. For this purpose, I release all involved doctors and their assistants, who are named in the documents I submit or who are involved in the treatment, from their confidentiality obligation, even after my death. However, this release applies in respect of a previous treatment so far as this information is necessary to check the indemnification obligation. I am aware that Allianz Global Assistance (Switzerland) may, if necessary during the claims settlement process, wholly or partially rely on the services of legally independent Allianz Group companies in Switzerland or elsewhere in Europe that are subject to comparable standards of data protection. I hereby consent to personal data relating to me or my claim, including sensitive personal data, being made available to the aforementioned service companies for processing in connection with said purpose.

Place, date

Signature of the insured person (in the case of minors their legal representative)

In order to process your claim we need the following documents:

- Copy of insurance policy or receipt of paid premium
- Copy of passport with legal entry stamp, if missing copy of the travel tickets (train, flight, bus)
- Invoices (without payment slip) for doctor, medication and hospital costs as well as original doctor's prescriptions
We kindly ask you to pay the invoices directly, as you are a bill deceptor.

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