

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

Tel* Mobile*

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

Address

Postal Code City Country

Tel* Mobile*

Their insurance company

Country Policy No

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

No Yes

Smart coverage for global citizens.

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 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

! 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