

## 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 .....