

Indemnification form medical expenses

Please read the instructions in the event of claim carefully (fill in your certificate number)

ISIS certificate no.

IMPORTANT!

Claims for medical expenses can only be dealt with if the indemnification form is filled in completely and if it is accompanied by original bills.

name

e-mail

address in country of origin

date on which illness started or accident took place (d-m-y)

type of illness and/or accident

temporary address abroad

period of insurance (d-m-y) from to

period of travel (d-m-y) from to

date of birth (d-m-y)

type of cover

THIS PART TO BE FILLED IN BY DOCTORS

kind of illness and/or accident

dates of visits to doctors (d-m-y) to chemists (d-m-y)

diagnosis

recovered? yes no

hospital treatment necessary? yes no

ambulance used? yes no

signature of doctor

THIS PART TO BE FILLED IN BY INSURED

total claim amounting to (please indicate currency)

to be paid to name

address

bank account number

Are you insured for medical expenses elsewhere? (NHS/private health insurance)

no yes, with which insurer/national health scheme
and under which policy number?

Will you receive indemnification from above mentioned company?

yes no, why not? (attach written denial)

I declare that the information in this claim is correct and true.

place date (d-m-y) signature of the insured