

Notification of Claim

Claim no. _____

SOS Insurance During Your Journey

Dear Client

Unfortunately, you had to interrupt/extend your journey. Please carefully fill out this notice of damage and enclose the following documents:

- Medical confirmation
- Booking confirmation from organiser/operator
- Detailed list of expenses/claims
- Non-refundable travelling documents
- Receipts – originals, no copies!
- Report from tour guide
- Insurance policy/card (copy)

If you are not able to answer any question, please note the reason why.

Questions concerning the policyholder (eligible person)

Name: _____

First name: _____

Date of birth: _____

Street/no.: _____

Zip code/city: _____

Phone (day time): _____

E-mail address: _____

Account Number (IBAN): _____

Bank Code (BIC/SWIFT): _____

Name and address of the bank: _____

Questions about the responsible party (if not identical with policy holder)

Name: _____

First name: _____

Date of birth: _____

Relation to the policy holder? _____

1. Did the responsible party want to travel/rent himself? _____

yes no

2. If so, by which means of transport did he/she return? _____

Questions about the insurance

3. Date of purchase of policy or payment of premium: _____

4. Who arranged/concluded the insurance? _____

5. Insurance policy/membership card no.: _____

6. Do other insurances exist for this incident? _____

yes no

7. If yes, which ones? _____

8. Has already any reimbursement been made or applied from another party? _____

yes no

9. If yes, through whom? _____

Questions concerning the interrupted, extended journey

10. Date of booking: _____
11. Tour operator: _____
12. Date of extra return journey/temporary return to place of residence: _____
13. Date of initially planned journey: _____
14. Was our emergency line contacted? yes no
15. If not, please give reasons: _____

Questions about the incident

16. Reason for the interrupted/extended journey: _____
 Unexpected, serious illness Death Accident
 others: _____

17. Brief summary of the case: _____

18. When did the incident happen? _____ Date: _____

If applicable

19. Was a doctor consulted? yes no
20. If yes, when for the first time? _____ Date: _____
21. Name and address of the doctor in attendance: _____

22. Why did the doctor recommend to interrupt the journey? _____

23. When exactly? _____ Date: _____
24. Please specify the exact diagnosis (no abbreviations): _____

The EUROPEAN will be released from the duty of payment if, following the occurrence of an insured event, the insured person fraudulently attempts to deceive as to the circumstances which are material to the cause or extent of its liability to make payment.

I authorise physicians, health institutions and insurances of any kind to grant the EUROPEAN Travel Insurance AG all necessary informations and release hereby those named from their legal duty of confidentiality.

Place and date

Signature of the perpetrator or the legal representative