

Claim reports

Claim-No. _____

Medical and hospital costs ACCIDENT

Dear Customer,

In order to be able to provide you with insurance benefits quickly and straightforwardly, we require some important information from you. Please complete this notice of loss carefully and enclose the following documents, if applicable:

- Police report (if available)
- Original receipts with prescriptions
- Original invoices (physician, hospital)
- Copy of the insurance policy

Should you be unable to answer a question in whole or in part, please state the reasons therefor.

Questions regarding the policyholder (person who took out the insurance)

Name: _____

First given name: _____

Date of birth: _____

Road/House number: _____

Post code/Place: _____

Phone (reachable during the day): _____

E-mail adress: _____

Account number (IBAN): _____

Bank code (BIC/SWIFT): _____

Name, post code and place of the bank: _____

Questions regarding the insured person

Name: _____

First given name: _____

Date of birth: _____

Nationality: _____

Questions regarding accident insurance

1. Date the insurance contract was concluded: _____

2. Policy no.: _____

3. Are other insurance policies in place for this event? _____

Yes No

4. If so, which? _____

5. Was an indemnity paid or applied for elsewhere? _____

Yes No

6. If so, state name _____

Questions about the accident

7. Date of the accident: _____

Time of accident: _____

8. Site of the accident: _____

9. Accurate description of the injury: _____

10. Was the injured person under the influence of alcohol, medication or drugs? Yes No

11. Was a physician consulted? Yes No

12. If so, when was the first time? _____ Date: _____

13. Name and address of the attending physician: _____

14. Was the treatment completed? Yes No

15. If not, expected duration of treatment (end date): _____

16. Are additional invoices to be expected? Yes No

17. If so, from whom? Name and adress: _____

18. Who caused the accident? Name and address: _____

ERV shall be exempt from its obligation to pay if after occurrence of the insured loss, the insured person attempts to fraudulently misrepresent to ERV the circumstances that are significant for the cause and the amount of the benefits.

I authorise doctors, hospitals and insurances of all kinds of providing ERV with all required information and hereby release the above from their statutory confidentiality obligations.

Place and date

Signature of the damage originator or the statutory representative