

# Travel health insurance - information on an insured event

**Insurance, transaction  
or reservation number:** \_\_\_\_\_

Please quote unless already provided

**Process ID:** \_\_\_\_\_

Please quote if known

Please send your documents to:  
HanseMerkur Reiseversicherung AG  
c/o Travel Partner Wien  
Landstraßer Hauptstraße 99-101  
Bürozentrum 1, Top 2  
1030 Wien  
Tel. 01 3865 101  
Fax 01 3177 860

Please complete all fields accurately and legibly. Please note that failure to provide correct or complete information may render your insurance cover invalid (for more on this, read Section V. on p. 4).

## II. General – information on the claimant and the trip

Please attach proof of insurance / premium payment and proof of the duration of the journey.

Family name, first name of insured		Date of birth:	
_____		_____	
Nationality (nationalities):			
_____			
Occupation/work performed at the date of the illness or injury:		Employer at the date of the illness or injury:	
_____		_____	
_____			
<u>Where and how can you be reached?</u>			
Street and house number:			
_____			
Postal code:	Town:	Country:	
_____	_____	_____	
Email/fax:	Phone private (with code):	Phone work (with code):	Mobile phone:
_____	_____	_____	_____

Who should benefits be paid to (payments may only be effected by bank transfer)?	
Account holder:	
_____	
Name, place of bank:	Bank sort code/BIC/SWIFT/branch code:
_____	_____
_____	
Account / IBAN no.:	
_____	

Start date of stay abroad and date of planned departure (please attach a copy of your bus, rail, plane tickets, your reservation confirmation):	
_____	
What was the reason for your journey? <input type="checkbox"/> holiday trip <input type="checkbox"/> business trip <input type="checkbox"/> other reason: _____	
Which country were you treated in? _____	
Do you have a (further) place of residence in that country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give the Address: _____	

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**II. Information on the insured event**

Please submit originals of doctors' bills, prescriptions and receipts. If payment has already been made, e.g. by your statutory health insurer, it is sufficient to submit a copy with a note of the reimbursement. In the case of in-patient treatment, please attach a copy of the discharge report.

1. In which currency did you pay the invoice(s)? \_\_\_\_\_

2. What amount do you expect to be reimbursed in EUR? \_\_\_\_\_

3. How did you pay the invoice(s)? From an amount more than 500,00 EUR please attach proof of payment.  
 cash     bank transfer     credit card     other form of payment: \_\_\_\_\_

4. In the case of illness:

a) What was the illness for which you had treatment (please describe the diagnosis in your own words)? In the case of an accident, please describe how the accident occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b) When did the complaints first arise (date)? \_\_\_\_\_

5. In the case of dental treatment:

a) Did you have toothache?     Yes     No    Did you get dentures, crowns, onlays, etc.?     Yes     No  
 If yes, where?     Upper right     Lower right     Upper left     Lower left

b) When did the complaints first arise (date)? \_\_\_\_\_

6. When did you first receive medical treatment (date)? \_\_\_\_\_

7. a) Had you already received medical treatment for the illness before the start of the journey?     Yes     No  
 b) Was the treatment the consequence of an illness or accident treated before the start of the journey?     Yes     No  
 If yes, please give us details of the doctors providing treatment (date, name, address, telephone number)  
 \_\_\_\_\_

8. Who is or was your family doctor/dentist/specialist doctor in the last 12 months before the start of the journey? Please give us details of the names and addresses of the doctors, the treatment periods and the diagnoses. If there is insufficient space, please attach a separate sheet:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Did you receive further treatment in your home country after your return from abroad?     Yes     No  
 If the answer is yes, please give us details of the doctors treating you (name, address and telephone number).  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Only in the case of return transport: Why did you have to be repatriated? Please attach medical reports.  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Name the people who travelled with you (please provide names and addresses):  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Only in the case of death: Please provide details on the date and cause of death. Please attach a copy of the death certificate.  
 \_\_\_\_\_  
 \_\_\_\_\_

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**III. Details on further insurance policies**

1. Do you have other insurance cover for foreign trips, e.g. through a credit card (EuroCard, VISA, Amex, Diners Barclaycard), through a membership (ADAC, ASB, DRK) or through another association offering rescue services?

No  Yes    If yes, please give details of the membership number/credit card number and the name of the credit card company / rescue service.

\_\_\_\_\_

2. Under which statutory health insurer or private health insurance company and under which other contracts do you have health cover (including policies supplementing the statutory health insurance) now / at the start of your trip abroad? Please name the insurance-companies, addresses, policy numbers:

\_\_\_\_\_

\_\_\_\_\_

3. Have the invoice documents submitted to us been submitted to another insurance company?

No  Yes    If yes, please attach a copy of the other insurance company's settlement letter.

4. Have you submitted invoices from other countries for reimbursement to another insurer in the last three years?

No  Yes    If yes, please give us details of the year, country in which you were treated, name, address and policy number of the insurance company.

\_\_\_\_\_

**IV. Details in the case of accident:**

1. Place of accident (street, house number, place)	Date and time of the accident
_____	_____
2. Please describe how the accident happened:	
_____	
_____	
3. Was the accident caused by another person(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes, by:	
Name(s) and address(es)	
_____	
4. a) Did the accident happen at your place of work, during work time or at your school during lessons or a school event?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
b) Did the accident happen on your way to your place of work/school or from work/school to your home? <input type="checkbox"/> No <input type="checkbox"/> Yes	
5. Have the invoices on the accident-related treatment already been submitted to the person causing the accident or to that person's liability insurer for reimbursement? <input type="checkbox"/> No <input type="checkbox"/> Yes, to Name, address, insurance number of the liability insurance:	
_____	
_____	
6. Are there witnesses to the accident (please give names and addresses)?	
_____	
_____	
7. Which police station dealt with the accident? Please give us details of the police station and reference number and attach a copy of the police report.	
_____	
_____	

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## V. Information on the consequences of breach of duty after the insured event

### Information under Sec. 28 para. 4 VVG

Dear customer,

Once the insured risk has occurred, we require your assistance.

#### Duties to provide information and assist in clarification

On the basis of the contractual documents entered into with you, we may demand, after the occurrence of the insured risk, that you provide us with all information that is necessary to determine the nature of the insured risk or the scope of our liability (duty to provide information) and to provide us with all details that serve to clarify the matter (duty of clarification) to enable us to properly assess our liability. However, we may also demand that you provide us with supporting records / documents provided that such demands are reasonable.

#### Loss of benefits

If, contrary to the contractual agreements, you wilfully provide no information or incorrect information or wilfully fail to provide us with the supporting records / documents that we request, you will lose your entitlement to the insurance benefits. If your breach of these obligations is based on gross negligence, you will not fully lose your entitlement, but we may reduce the benefits in proportion to its seriousness. There will be no reduction if you prove that you have not been grossly negligent in infringing the obligations

Despite a breach of your obligations to provide information or assist in clarification or provide supporting records / documents, we will still be obliged to pay benefits insofar as you can prove that the wilful or grossly negligent breach was not the caused by the investigation of the insured event or by the investigation of the scope of our liability.

If you fraudulently breach the obligation to provide information, to clarify matters or to provide supporting records / documents, we will in all cases be released from our liability to pay benefits.

#### Note:

If a third party and not you yourself is entitled to the benefits under the contract, such third party must also provide information, assist in clarifying matters and provide supporting records / documents.

## VI. Final statements

I confirm that the information I have provided above is true and complete. I am aware that incorrect or incomplete information may lead to loss of cover. I have taken note of the above information in accordance with Sec. 28 para. 4 of the Insurance Contract Act.

In addition I assign my claims and demands against a party causing the accident / liable party or against my statutory health insurance fund / private health insurer in the amount of the benefits paid by HanseMerkur Reiseversicherung AG to HanseMerkur Reiseversicherung AG.

Data protection notice: we store your personal data for the purposes of assessing our service obligations. For further information on data protection and your rights go to <https://www.hmr.de/web/en/privacy/information> or please request a copy from us.

Place / Date

Signature of policyholder and insured person  
or legal representative