

Claim reports

Claim-No.

SOS protection for travel incidents

HHD

Dear Customer,

Unfortunately, you were unable to complete your travels as planned. 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:

- ☐ travel documents (cancellation statement and booking confirmation)
- ☐ medical certificate
- ☐ detailed list of expenses/claims
- ☐ original receipts
- ☐ tour operator/police report
- ☐ 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 (beneficiary)

Name:

First given name:

Date of birth:

Road/House number:

Post code/Place:

Phone (reachable during the day):

E-mail address:

Account number (IBAN):

Bank code (BIC/SWIFT):

Name, post code and place of the bank

Questions regarding the person who caused the damage (if other than the policyholder)

Name:

First given name:

Date of birth:

Describe the relationship to the policyholder.

1. Did the person who caused the damage travel himself/herself? ☐ Yes ☐ No

2. If so, how did he/she return?

Questions about the insurance

3. Date the insurance contract was concluded and/or the contribution was paid:

4. Policy No.:

5. Are other insurance policies in place for this event? ☐ Yes ☐ No

6. If so, please state

7. Was an indemnity paid or applied for elsewhere? ☐ Yes ☐ No

8. If so, state name

Questions regarding the ☐ curtailed, ☐ interrupted, ☐ extended trip

9. Date of the booking order:

10. Tour operator: _____

11. Date of the additional/temporary return trip to your residence: _____

12. Date of the originally planned return trip: _____

13. Did you contact our alert centre? ☐ Yes ☐ No

14. If not, state reasons: _____

Questions on the event

15. Reason for the curtailment/interruption/extension: _____

16. When did the event occur? _____ Date: _____

17. Summary of the case: _____

If applicable

18. Did you consult a physician? ☐ Yes ☐ No

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

20. Name and address of the attending physician: _____

21. Why did the physician recommend that you curtail your trip? _____

22. When was that exactly? _____ Date: _____

23. Please state the exact diagnosis (no abbreviations): _____

Further comments

Confirmation and power of attorney

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 _____