

Enquiry regarding accident or illness during a stay abroad

Insured: _____

Date of birth: _____

Place of residence: _____

Customer number: _____

Further information regarding the insured person

Please provide a telephone number and if possible an e-mail address where we can reach you or your legal representative during the day if we have any further questions.

Telephone number:

E-mail address:

Where (town or country) did you become ill / have the accident?

Reason for being abroad?

- holiday
- business trip
- school/studies
- posted worker
- secondary residence
- seeking medical treatment
- other:

Since when have you been abroad? Travel dates

From

To

Are you deregistered with your local municipal authority in Switzerland?

- Yes
 No

Did you suddenly take ill?

- Yes

Type of disease

- No

Did an accident occur?

- Yes
 No

Accident details

Date of the accident?

Date and time:

Circumstances leading up to the accident?

Were you employed at the time of the accident?

- Self-employed
 Employed
 Apprentice

If no, please explain:

- Not employed
 school pupil/student
 DI/OASI recipient
 trainee

Was a third party involved in the accident? Yes

Surname, first name, address:

 No**Further information****Treatment period:**

From:

To:

In which foreign currency were the invoices paid?

Foreign currency:

Total amount of foreign currency:

Please provide a brief description of content and currency amounts for illegible invoices or invoices in foreign languages.

Did you contact our emergency hotline? Yes No**Were you receiving treatment before the stay abroad?** Yes

Why?

 No

Insurance

Did you conclude separate travel insurance?

Yes

With which company? Name and address of the travel insurance.

Policy number:

No

Incl. coverage for treatment costs?

Yes

No

Coverage for search, rescue or repatriation costs?

ETI travel protection (TCS)

Credit card

REGA

Other:

Place and date

Signature