

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