

Questionnaire regarding accident or illness during a stay abroad

Insured person: _____

Date of birth: _____

Place of residence: _____

Customer number: _____

Where did you become ill/have the accident (place and country)?

Place:

Country:

Please state the reason for your stay abroad:

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

How long is/was your stay abroad (date of outward journey and (planned) return journey)?

From:

To:

Have you deregistered with your municipality in your country of residence?

- ☐ Yes ☐ No

Please state the reason for your medical treatment:

- ☐ emergency
- ☐ planned treatment
- ☐ accident

What was your diagnosis?

During what period did the treatment take place?

Outpatient:

from to

Inpatient (overnight stay in hospital):

from to

Were you able to present your European Health Insurance Card (EHIC) and was it accepted?☐ Yes☐ No

If no, for what reason:

Do you have a medical report?☐ Yes. Please submit it together with the form and the documents.☐ No. NB: Sympany can request this from you if necessary.**Which treatments were carried out?**

Please provide us with the following details about the treatment: healthcare provider, type of treatment, duration (e.g. 10-minute consultation), invoice amount.

In which foreign currency was/were the invoice(s) paid?

Foreign currency:

Total amount of foreign currency:

Please enclose the invoice(s) including payment confirmation(s). In the case of illegible or foreign-language invoices, please enclose a list of the contents and invoice amounts.

Were you already undergoing treatment for the same diagnosis or the same complaints before your stay abroad?☐ Yes. Please provide details of the diagnosis and treatment data.☐ No

If this was an accident: Please provide us with details.

Date of accident?

Time of accident?

Course of the accident?

Were you employed at the time of the accident?

- ☐ Yes, as
- ☐ employee
 - ☐ apprentice

If not, what is the reason?

- ☐ No, I was
- ☐ self-employed
 - ☐ not gainfully employed
 - ☐ school pupil or student
 - ☐ IV/AHV pensioner
 - ☐ trainee

Was a third party involved in the accident?

- ☐ Yes

If yes, please state surname, first name, address, postcode and place of residence of the person involved:

- ☐ No

Did you contact our emergency hotline (Medicall AG)?

- ☐ Yes
- ☐ No

Did you conclude separate holiday and travel insurance?

(Please also specify if such benefits are covered by your TCS membership or your credit card provider).

- ☐ Yes, with the following company: _____
- ☐ No

If yes: Are medical expenses also covered?

- ☐ Yes
- ☐ No

Coverage for search, rescue or repatriation costs?

- ☐ ETI travel protection (TCS)
- ☐ Credit card
- ☐ REGA
- ☐ Other: _____

I confirm that I have answered the questions completely and truthfully.

With my signature, I authorise Sympany to obtain the information required to clarify the obligation to pay benefits from all insurance providers, care providers, police and judicial authorities involved.

Place and date

Signature