Claim Form
Travel Insurance

Please fill out carefully and completely!

Policy No. ______________________________

Only if you are in the USA/Canada:

SITE Assistance International GmbH
P.O. Box 1301
St. Petersburg, FL 33731 · USA

Phone: 1-866-593-7962 (toll-free in the US)
Fax: 1-866-696-3465 · E-Mail: site-claims@site-insurance.com

If you are in another country:

SITE Assistance International GmbH
Postfach 15 01 23
53040 Bonn · Germany

Phone: +800-2877-3784 (toll-free)
Phone: +49-228-40061-0 (normal rate)
Fax :+49-228-40061-99 · E-Mail: site-claims@site-insurance.com

For claims concerning your liability or baggage insurance, please answer only to numbers 1, 2, 3 and 8.

1. Information regarding your person and your trip

Please submit a copy of your proof of insurance.

Home address:

Last Name, First Name			
Street			
Zip Code / City		E-Mail	
Telephone (private)		Telephone (mobile)	

Address in country you are travelling in:

Last Name, First Name			
Street			
Zip Code / City		E-Mail	
Telephone (private)		Telephone (mobile)	
Employer / School / University during your stay abroad (name and address)			
Date of Birth		Country of Birth	
Nationality		Country of Destination	
Length of Trip	from DD / MM / YYYY	to	DD / MM / YYYY

2. Information regarding your claim

It concerns a claim of:

Health Insurance ☐ Accident Insurance ☐ Liability Insurance ☐ Baggage Insurance ☐

3. Costs related to the claim

If not yet submitted, please submit original bill, receipts or medical prescriptions and, if necessary, any currency exchange receipts or credit card bills (copy).

In what currency was the bill paid?

How were the bills paid? (cash, credit card, etc.)

Please provide the following information even if you have already submitted bills/receipts to SITE.

	Doctor or invoicing party	Treatment Date	Amount of Invoice (indicate currency)
1.			
2.			
3.			
4.			

Please provide us with an address where the cheque can be sent to. (Should you not provide us with an address, the cheque will be sent to the address in the country you are travelling in)

4. Information regarding development of illness or accident

Please submit medical report or report on diagnostic findings (copy only).

Please describe in your own words how the illness developed or how the injury was caused. If this was an accident, please describe the circumstances.

What was the doctor's diagnosis?

When did you first become ill?

Were you treated as an inpatient at the country of destination? No ☐ Yes, from DD / MM / YYYY to DD / MM / YYYY

At which hospital?

Did an ambulatory (outpatient) treatment precede the inpatient treatment ? Yes ☐ No ☐

Have you been treated for this illness before this trip? Yes ☐ No ☐

If so, please list the name and address of the doctor:

Which doctor will treat you upon returning from your trip? (Name, Address)

Name and address of your family doctor:

5. Additional questions in case of accident.

When did the accident occur? Date DD / MM / YYYY Time

Who caused the accident or injury? (Name, Address)

Were there any witnesses? (Name, Address)

Was this accident reported to the police? Yes ☐ No ☐

If so, submit police report and enter police precinct, city and reference number:

6. Information regarding any companions.

Name and address of companions.

7. Information regarding additional insurance contracts.

Who is your national or private health insurance carrier? (Name, Address and Membership no.)

If you have national health insurance, what additional private insurance do you have? Please enter Name, Address and Insurance no.:

What additional health or repatriation insurance do you have? (e.g. national health insurance, credit card, or as member of any automobile association, the Red Cross or another institution which provides emergency rescue service). Please enter name, address and membership or credit card number. How are you insured through your employer, your university or basic health care?

Where else have you requested a refund, e.g. national or private health insurance, or health insurance for civil servants? If necessary, submit confirmation of refund.

What private accident insurance do you have? Please provide name, address and membership number of the company.

What costs have you recovered through a travel health insurance company in the past? When did this occur and through which company? Please give details.

8. Additional questions regarding baggage or liability claim

Information regarding damage (Liability or Baggage)

Date of damage / loss DD / MM / YYYY Time / Occured between and

Location of damage (please give details)

Where was the luggage at the time it was damaged or lost?

Please give us a detailed report of the circumstances of loss. (If necessary use an extra sheet. - Applies to baggage and liability claims only.)

Were there any witnesses? (If so, please provide name and address)

To whom did you report the damage? (Baggage claim only)

Please submit the appropriate proof in original: Police Report, Confirmation of Airline or Airport, Reference no.

Police station (Address)

Date DD / MM / YYYY Time

Airline or airport (Address)

Date DD / MM / YYYY Time

In case of theft out of a car: (Baggage claim only):

Vehicle with hardtop Vehicle with sunroof Convertible Station wagon

Motor home Trailer Coach Motorcycle

License number Model Classification Year of manufacture

Where was the vehicle at the time of damage? Parking lot Garage Roadside

The vehicle was parked there from Time / Date to Time / Date

Where were you when the damage occurred? When was the damage detected?

What damage occurred to the vehicle?

Baggage damage occurred during air travel (Baggage Claim Only!)

Please provide us with the following original documents: flight ticket, baggage voucher, airline claim confirmation, confirmation of total loss of your baggage (can be provided by the airline)

Where else is your baggage insured? (e.g. Credit Card)
Name and address of the insurer, policy number

Have you turned in the claim with this insurance carrier? Yes No

Please name your household contents and/or tenant's insurance

Have you submitted the claim to your primary insurance carrier? Yes No

Please provide us with the total value of your baggage **(send copies of the receipts)**

Damaged, semi-damaged or lost baggage including (used) clothing and valuables: €

Please list the baggage that was lost or damaged (if necessary, use extra sheet)

Purchase price in €	Date of Purchase	Brand	Proof of purchase enclosed
1.			Yes No
2.			Yes No
3.			Yes No
4.			Yes No

Please list damaged items (Liability Claim Only)

What was damaged?	Owner of item(s)?	Purchase Price (please provide receipts)
1.		
2.		
3.		
4.		

The preceding information has been documented to the best of my knowledge. I recognize the fact that any untrue or incomplete information may lead to the denial of an insurance claim, even if no disadvantage therein results for the insurer.

I authorize doctors, alternative practitioners, hospitals of any kind, insurers, in particular the national health insurance carriers, health authorities and pension offices of SITE Assistance International GmbH to access all required information for appraising a claim regarding previously existing or during the period of insurance recorded illnesses, consequences of an accident, and ailments and to inform and release the aforesaid hereby from his or her legal professional discretion.

Any claim(s) against other insurance companies (except for accident insurance) I hereby assert to the extent of the paid amount to SITE Assistance International GmbH.

Location, Date Signature

(Signature of legal guardian required for minors)

Declaration of Assignment

I,

residing at

hereby relinquish any claim(s) to other insurance companies (except for accident insurance)

Name and address of insurance company

Insurance policy number

Relating to accident / illness DD / MM / YYYY in

to the extent of the paid amount to **SITE Assistance International GmbH**, Rheinwerkallee 3, 53227 Bonn, Germany.

Location, Date

Signature

(Signature of legal guardian required for minors)