



Notification of claim



Medical costs for personnel stationed abroad

1 Personal details (to be completed in all cases)

Last name

First name

Social security number

Address (street, box or suchlike)

Postal address (postal code and town/city)

Telephone no. incl. area code (home)

Telephone no. incl. area code (work)

E-mail

Employed at

Indemnity to be paid to private bank account no. (incl. swift code)

Bank details (name and address)

2 Illness

Reason for visit to doctor (illness/nature of complaint)

Have you previously suffered from a similar illness?

Yes

No

Have you completely recovered

Yes

No

3 Dental care

Reason for visit to dentist

4 Pregnancy (N.B. Not covered in individual medical expenses insurance)

Examination before confinement Examination during confinement Post-natal check-up

5 Accident

How did the accident happen?

Which part(s) of the body have been injured?

Is compensation payable under a local insurance scheme? No Yes

Did the accident occur at work on the way to/from work during leisure time

Which part(s) of the body have been injured?

Have you been admitted to hospital?

No Yes

No Yes

No Yes

Which hospital?

Date (from – until)

Do you have sickness, accident, travel or medical expenses insurance (or travel cover as part of household insurance) with another company No Yes

Name of company

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Policy no.

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I consent to the supplying to Zurich Insurance plc (Ireland), Sweden Branch by a social insurance office, insurance company, hospital or other nursing institution or the doctor(s) who is/are treating or has/have treated me of any information concerning my state of health that is required in order to determine my right to compensation.

Place, date

Signature

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Please note

- Doctor's order** In the event of illness or an accident you consult a chiropractor – physiotherapist or similar, you must first visit a qualified M.D. who decide the form and time of treatment. Enclose a copy of the referral with the notification of claim.
- Dental injury** The policy covers the cost of provisional treatment in emergency irrespective of cause. The claim should show the cause of the emergency. N.B. Not covered by individual medical expenses policy. Costs of normal dental care are not reimbursed under the policy. In the events of dental injury caused by an accident, include estimated cost of treatment and x-ray pictures.
- Pregnancy** In the event of pregnancy, a preliminary notification stating date of expected confinement and the name and address of the hospital together with, if possible, the estimated cost are required.
- Health examination** The cost of health examinations is not covered by the policy.

8 Doctor's certificate

Surname and given name(s)

	Year	Month
		Day

When did the accident occur or the symptoms of illness first appear?

On what date did you start your treatment of the patient?

In case of accident how did it happen?

Diagnosis, with details of complications (intoxication, other illness etc.) if any?

Symptoms?

Has the patient previously suffered from the same or similar illness or injury?

No

Yes

If so, which? When?

Has the recovery been normal?

9 Have you given the patient any instructions regarding

Hospitalisation?

No

Yes

If yes, which instructions

Travelling home?

No

Yes

If yes, which instructions

6 Doctor's signature

Place

Date

Signature

Clarification of signature

Zurich Insurance plc (Ireland), Sweden Branch
Reg. no. 516403-8266, reg. in Bolagsverket's branch office register
P.O. Box 5069
SE-102 42 STOCKHOLM, Sweden
Telephone +46 8 579 330 00
Telefax +46 8 579 330 01

Zurich Insurance plc
a public limited company incorporated in the Republic of Ireland
Registered office: Zurich House, Ballsbridge Park, Dublin 4, Ireland
Reg. no. 13460 in the Corporate Registration Office, Ireland

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