swisscare

Claim form

Policy nr.

Please complete the following claim form and send it back by email to **swisscare@goudse.com**
Instructions and address are at the second page

INSURED PERSON	
LAST NAME	**First name**
Gender Male ( ) Female ( )	**Date of birth** (dd/MM/YYYY)
Email	**Phone number**
Address	**Zip / City**
Country of permanent residency	**Occupation**

BANK ACCOUNT FOR REIMBURSEMENT (Attention: please fill in all the details carefully)

Bank holder name + full bank address	Same as insured person ( )
Bank name + full bank address	**IBAN**
	Swift / BIC

Are there any other insurers covering and/or reimbursing the costs for this claim?   Yes ( ) No ( )

In the affirmative, please send us the coordinates of these insurers as well as the detailed accounts of any settlements already made and copies of medical prescriptions, invoices and other relevant supporting documents.

IMPORTANT :

1.Did you have already made a claim to this policy within the last 12 months or does this claim concern a follow-up treatment of an affection already declared to the Claims Department?
 Yes ( ) Claim nr.   No ( )

2. Is the related treatment received due to alcohol or drug abuse?
 Yes ( )   No ( )

ILLNESS (maternity not covered)	
Type of illness / Diagnostic	**Date/time first symptom**
Description	
Have you already received medical care (including prescribed or bought medicine) for this illness or any potentially related health condition? Yes ( ) Date of treatment No ( )	
Name of the treatment received	
Name, address, phone, email, fax of the physician	

ACCIDENT	
Date of the accident	**Place of accident**
Circumstances	

Questions for your claims, please contact +3150 520 9974 or swisscare@goudse.com

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Nature of the injury

Other involved person   Yes ( ) No ( )   If yes, please indicate the complete address, phones, emails….

Police or emergency unit report   Yes ( ) No ( )   if yes, please enclose the report

Important: Direct settlement may only be given to a hospital, in case of hospitalisation or childbirth. The prior approval is compulsory for the reimbursement of certain services as mentioned in the general insurance conditions.

OTHERS

Date of the event	Place of event

Circumstances

Nature of the event

CONFIRMATION

All documents provided must be translated into English at the insured's own expenses. The insurer reserves the right to refuse refunds if the required documents are not translated.

I confirm that I attached all as indications below (all must be ticked to be reimbursed)

( ) Detailed invoice	( ) Proof of payment (bank, cash, credit card receipt)
( ) Physician prescription(s)	( ) Diagnostic of the illness, accident or maternity
( ) Bank holder and bank name complete details	( ) Claim form completed

( ) By submitting your claim, you declare that you have answered and provided all questions and statements to the best of your knowledge, accurately and in accordance with the truth. This means that you have answered all questions honestly and have not withheld or concealed any information. If you have not done so, this may have consequences for your claim.

Date   **Signature**

IMPORTANT INFORMATION

In order to get refunded as quickly as possible, send us all the necessary documents stated above. Each new event in case of sickness, accident, maternity needs a separate claim form.

Complete bank details are required. Bank name or holder without full address can block the transaction(s).

To avoid high bank fees, we suggest that you collect your invoices for reimbursement and send it together with the claim form to our claims management.

ADDRESS FOR SENDING CLAIM FORM

By scan : **swisscare@goudse.com**

By postal mail at the following correspondence address :

Claims Department
De Goudse Verzekeringen,
Bouwmeesterplein 1, 2801 BX Gouda,
The Netherlands

(the company reserves the right to request originals)

In case of emergency, hospital admission or pre-approvals, please contact :

Alarm Service 24/7   +3150 520 9780

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