

Please send your documents to

Insurance no.

HanseMerkur Reiseversicherung AG  
Abt. RLK  
Postfach  
20352 Hamburg

### Travel Health Insurance - information on an insured event for long-term trips abroad

Please complete all fields accurately and legibly. Please note that failure to provide correct or complete information may render your insurance cover invalid (for more on this, read the last Section)

#### General

Please attach proof of insurance and proof of the premium payment.

#### Details on the claimant:

Family name, first name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Nationality (nationalities): \_\_\_\_\_

Occupation/work performed at the date of the illness or injury: \_\_\_\_\_

Where and how can the claimant be reached?

Street and house number: \_\_\_\_\_

Postal code/Town: \_\_\_\_\_ Country: \_\_\_\_\_

Email/fax: \_\_\_\_\_ Phone (private with code): \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Phone (work with code): \_\_\_\_\_

#### Details on benefits be paid:

Account holder: \_\_\_\_\_

Name and place of bank: \_\_\_\_\_

Bank sort code/BIC/SWIFT/branch code: \_\_\_\_\_

Account/IBAN no.: \_\_\_\_\_

#### Details on your trip:

a) Start date of stay abroad and date of planned departure: \_\_\_\_\_

Please attach a copy of your bus, rail, plane tickets, your reservation confirmation or the stamp of arrival/departure in your passport.



b) What was the reason for your journey?  holiday trip  business trip  other reason \_\_\_\_\_

c) Which country were you treated in? \_\_\_\_\_  
\_\_\_\_\_

d) Do you have a (further) place of residence in that country?  Yes  No

If yes, please give the address: \_\_\_\_\_

#### Details on the insured event:

Please submit originals of doctors' bills, prescriptions and receipts. If payment has already been made, e.g. by your statutory health insurer, it is sufficient to submit a copy with a note of the reimbursement. In the case of in-patient treatment, please attach a copy of the discharge report.

#### Information on the payment of the invoice

a) In which currency did you pay the invoice(s)? \_\_\_\_\_

b) What amount do you expect to be reimbursed in EUR? \_\_\_\_\_

c) How did you pay the invoice(s)? From an amount more than 500,00 EUR please attach proof of payment.

cash  bank transfer  credit card  other form of payment:

\_\_\_\_\_  
\_\_\_\_\_

#### Has the treatment taken place as a result of a vaccination or preventive medical check-up?

check-up  vaccination

#### In the case of illness or accident:

a) What was the illness for which you had treatment? Please describe the diagnosis in your own words.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) When did the complaints first arise? Please name the date: \_\_\_\_\_

#### In the case of dental treatment:

a) Did you have toothache?  Yes  No

b) Did you get dentures, crowns, onlays, etc.?  Yes  No

c) If yes, where?  Upper right  Lower right  Upper left  Lower left

d) When did the complaints first arise? Date: \_\_\_\_\_

#### In the case of treatment due to pregnancy:

a) When was the pregnancy determined? \_\_\_\_\_

b) In which week of pregnancy was the pregnancy determined? \_\_\_\_\_

Please attach a complete copy of the pregnancy medical records.



c) Why were you treated during the pregnancy?

- check-up
- complaints/early labour
- premature birth
- delivery

d) In case of complaints during pregnancy:

When did the complaints first arise? Date \_\_\_\_\_

**Details in the case of accident:**

a) Place of accident (street, house number, place): \_\_\_\_\_

b) Date of the accident: \_\_\_\_\_ Time of the accident: \_\_\_\_\_

c) Please describe how the accident happened:

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d) Was the accident caused by (an)other person(s)?  Yes  No

If yes, please give us name(s) and address(es):

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e) Did the accident happen at your place of work, during work time or at your school during lessons or a school event?  Yes  No

f) Did the accident happen on your way to your place of work/school or from work/school to your home?  Yes  No

g) Have the invoices on the accident-related treatment already been submitted to the person causing the accident or to that person's liability insurer for reimbursement?  Yes  No

If yes, to (Name, address, insurance number of the liability insurance):

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h) Are there witnesses to the accident? Please give names and addresses:  Yes  No

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i) Which police station dealt with the accident? Please give us details of the police station and reference number and attach a copy of the police report.

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**In the case of return transport:**

Why did you have to be repatriated? Please attach all medical reports.

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**In the case of death:**

Please provide details of the date and cause of death. Please attach a copy of the death certificate.

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**More details on the insured event:**

a) When did you first receive medical treatment? Please name the date: \_\_\_\_\_

b) Had you already received medical treatment for the illness before the start of the journey?  Yes  No

c) Was the treatment the consequence of an illness or accident treated before the start of the journey?  Yes  No

If yes, please give us details of the doctors providing treatment (date, name, address, telephone number)

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d) Who is or was your family doctor/dentist/specialist doctor in the last 12 months before the start of the journey? Please give us details of the names and addresses of the doctors, the treatment periods and the diagnoses. If there is insufficient space, please attach a separate sheet.

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e) Please name all the doctors who treated you during your stay abroad regarding the named illness. Please tell us name, address, telephone number, fax number, email address. If there is insufficient space, please attach a separate sheet.

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**Details on further insurance policies:**

a) Do you have other insurance cover for foreign trips, e.g. through a credit card (EuroCard, VISA, Amex, Diners, Barclaycard), through a membership (ADAC, ASB, DRK) or through another association offering rescue services?  Yes  No

If yes, please give details of the membership number/credit card number and the name of the credit card company / rescue service.

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b) Under which statutory health insurer or private health insurance company and under which other contracts do you have health cover (including policies supplementing the statutory health insurance) in the last three years?

Please name the insurance-companies, addresses, policy numbers:

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c) Have the invoice documents submitted to us been submitted to another insurance company?

Yes  No

If yes, please attach a copy of the other insurance company's settlement letter.

d) Have you submitted invoices from other countries for reimbursement to another insurer in the last three years?

Yes  No

If yes, please give us details of the year, country in which you were treated, name, address and policy number of the insurance company

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## Information under Sec. 28 para. 4 VVG

### Information on the consequences of breach of duty after the insured event

Dear customer

Once the insured risk has occurred, we require your assistance.

#### Duties to provide information and assist in clarification

On the basis of the contractual documents entered into with you, we may demand, after the occurrence of the insured risk, that you provide us with all information that is necessary to determine the nature of the insured risk or the scope of our liability (duty to provide information) and to provide us with all details that serve to clarify the matter (duty of clarification) to enable us to properly assess our liability. However, we may also demand that you provide us with supporting records/documents provided that such demands are reasonable.

#### Loss of benefits

If, contrary to the contractual agreements, you wilfully provide no information or incorrect information or wilfully fail to provide us with the supporting records/documents that we request, you will lose your entitlement to the insurance benefits. If your breach of these obligations is based on gross negligence, you will not fully lose your entitlement, but we may reduce the benefits in proportion to its seriousness. There will be no reduction if you prove that you have not been grossly negligent in infringing the obligations.

Despite a breach of your obligations to provide information or assist in clarification or provide supporting records/documents, we will still be obliged to pay benefits insofar as you can prove that the wilful or grossly negligent breach was not the caused by the investigation of the insured event or by the investigation of the scope of our liability.

If you fraudulently breach the obligation to provide information, to clarify matters or to provide supporting records/documents, we will in all cases be released from our liability to pay benefits.

#### Note

If a third party and not you yourself is entitled to the benefits under the contract, such third party must also provide information, assist in clarifying matters and provide supporting records/documents.

#### Final statements

I confirm that the information I have provided above is true and complete. I am aware that incorrect or incomplete information may lead to loss of cover. I have taken note of the above information in accordance with Sec. 28 para. 4 of the Insurance Contract Act.

Data protection notice: We store your personal data for the purposes of assessing our service obligations. For further information on data protection and your rights go to <https://www.hmr.de/web/en/privacy/information> or please request a copy from us.

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Place/Date

Signature of policyholder

Signature of Insured person  
(or legal representative)

