

MEDICAL EXPENSES INSURANCE CLAIM

Please, complete the present form carefully and send it directly to the address of SIGNAL IDUNA Polska TU S.A. or via the travel agency.

Address:
SIGNAL IDUNA Polska TU S.A.
Zespół Obsługi Roszczeń Turystycznych
ul. Przyokopowa 31, 01-208 Warszawa; Tel. 22 505 61 60

PERSONAL DATA OF INSURED

1. Name and surname

2. Address: postal code city street telephone number

3. Correspondence address:

4. E-mail:

5. Date of birth:
 day month year parents names occupation

Do you agree to have the correspondence re. the notified claim sent (e-mail, sms?) Yes No

DATA OF POLICY

6. Policy number valid from until
 day month year day month year

7. Policyholder /Travel agency

INFORMATION ON CLAIM

8. Departure from Poland: Powrót do Polski:
 day month year time day month year time

9. Incident:
 day month year time city country

10. The Insured was treated from:
 day month year time

11. Was the incident reported to the Emergency Call Centre? Yes No

12. Detailed description of the illness/accident, incl. the bodily injuries:

13. Names and addresses of the medical centers in which the Insured was treated before the illness/ accident:

22. Have you any other insurance policy covering that incident? Yes No

If Yes, please provide:

the name of the insurance company: policy number:

DECLARATION

1. By signing this claim form, I certify that all information given above is true and complete to the best of my knowledge
2. I consent my personal medical records to be disclosed by the physicians who treat me abroad and in Poland and to be passed the medical documentation including that information through to the physicians working for SIGNAL IDUNA Polska TU S.A.
3. I consent my personal medical records to be disclosed by the public and non public medical providers as well as the ZUS (The Social Insurance Institution) and to be accessible to the physicians of SIGNAL IDUNA Polska TU S.A

CLAIMS PAYMENT

The due reimbursement shall be delivered to the following PLN bank account:

No.

Name and the no. of the bank branch:

Name and surname of the bank account owner:

.....
Date and signature of the Policyholder/ travel agent

.....
Date and signature of the Insured

To the present form the insurance policy (does not apply to the general agreements) and the following documents shall be attached:

1. **In the case of the medical expenses abroad occurred due to the sudden illness or a personal accident:**
 - a) Medical documentation from abroad incl. the diagnosis,
 - b) Original invoices and receipts for the medical care, emergency medical service as well as for purchase of medicines and dressing materials,
 - c) In case of wounds, bodily injuries or any other traumas - medical documentation from the day of the incident or when the treatment was initiated (e.g. medical history)
 - d) Other documents necessary for determination of the liability of SIGNAL IDUNA (e.g. police report, eyewitnesses testimonies, driving license, etc.),
 - e) Claim declaration confirming that the concern person was in function of a caretaker during the event having been organizing by the school authority or on their request by the tour operator incl. the event's period and its destination.
2. **In the case of the death of the Insured occurring abroad as a result of a sudden illness or an accident:**
 - a) document listed in item 1,
 - b) death certificate and other documents related to that incident especially documentation providing information on the death reasons,
 - c) original invoices and original receipts for repatriation des remains of Insured to the domestic country or funeral abroad.
3. **In the case of costs occurred due to the flight delay:**
 - a) document issued by the carrier confirming the delay,
 - b) original invoices and original receipts for needed expenses related with the flight delay
 - c) In the case of the prolonged stay abroad due to the volcanic eruptions, strike, riots, hurricane, flood or earthquake:
 - d) certification of the carrier (airline company, railway company, bus or ferry transport) confirming the situation which made the transport services impossible as volcanic eruption, strike or riots, hurricane, flood or earthquake,
 - e) original invoices and original receipts confirming costs of the prolonged stay abroad due to the volcanic eruption, strike or riots.
5. **In the case of the prolonged pets care (cat or dog):**
 - a) medical records including diagnosis and confirming the hospitalization period abroad,
 - b) cat or dog ownership document,
 - c) original invoices and original receipts confirming costs of the prolonged stay of the dog or cat in a pet hotel incl. the declaration of the pet hotel reg. the number of the days of the prolonged stay at the pet hotel.
6. **In the case of the ski pass costs and the costs of participation in the ski or snowboard school:**
 - a) medical records incl. diagnosis and confirming the hospitalization period abroad,
 - b) original invoices and original receipts for ski pass incl. a document confirming the ski pass price and the number of days,
 - c) original invoices and original receipts for the participation in the ski or snowboard school lessons.