

## Loss Notification Form Business Travel insurance - Medical Expenses

We would like to point out that the Business Travel Insurance only covers medical expenses if these are not covered under other policies (health Insurance, other travel insurance, ...). We advise you to claim your medical expenses with your health care insurer. Only medical expenses that were incurred abroad might be eligible for compensation. In case of urgent medical problems insured is obliged to contact the specialized aid organisation

Policy number: \_\_\_\_\_

Policy is in the name of: \_\_\_\_\_

Name insured : Mr. / Mrs. / Ms. \_\_\_\_\_

Address: \_\_\_\_\_

Postal code and place of residence: \_\_\_\_\_

Travel destination: \_\_\_\_\_

Reason for travel: \_\_\_\_\_

Departure date from home/work: \_\_\_\_\_

Planned date for return journey: \_\_\_\_\_

When was journey booked?: \_\_\_\_\_

Travel expenses were paid by: \_\_\_\_\_

Compensation to be paid to: \_\_\_\_\_

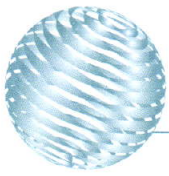
Bank account number: \_\_\_\_\_

Ascription of the account: \_\_\_\_\_

Name bank: \_\_\_\_\_

Saurwalt & Partners

Could you please enclose a statement from your employer that you were travelling at their expense and under their authority on the loss date?



If your claim relates to an illness:

Nature of illness: \_\_\_\_\_

Date illness first occurred: \_\_\_\_\_

Have you suffered from this illness before?       No       Yes

Did you consult a doctor before the  
start of this journey?       No       Yes

If your claim relates to an accident:

When did this accident take place? \_\_\_\_\_

Where did the accident take place? \_\_\_\_\_

Is there any chance of permanent injury?  
 No  
 Yes, namely \_\_\_\_\_

Would you state clearly what happened and which injury you sustained?  
.....

Is anyone besides yourself to blame for this accident?

No

Yes, namely

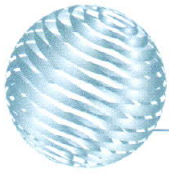
name: \_\_\_\_\_

address: \_\_\_\_\_

place of residence: \_\_\_\_\_

country: \_\_\_\_\_

telephone number: \_\_\_\_\_



Claimed expenses

Please state below which medical expenses you are claiming?  
Please enclose original invoices.

Name	currency	amount	treatment/medicine

Who paid the expenses? \_\_\_\_\_

If you have incurred any further expenses that would not have been made without the accident/illness, could you list these below? Please enclose invoices.

EUR \_\_\_\_\_ for \_\_\_\_\_

EUR \_\_\_\_\_ for \_\_\_\_\_

If you visited a doctor or a hospital, please fill in the information below:

Name hospital/ care organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code, place of business: \_\_\_\_\_

Country: \_\_\_\_\_

Name of doctor: \_\_\_\_\_

Where are your medical expenses insured? Who is your insurance company?

On the basis of the information you have supplied on this loss notification form we will decide which additional information might be necessary to settle this claim. Please state your telephone number and/or email address where you can be reached should we require further information:

Telephone number (during the day) \_\_\_\_\_

Email address \_\_\_\_\_

Additional information:

Hereby the undersigned states that the above information was completed to the best of his/her knowledge and in accordance with the truth and that he/she has not withheld any details.

Name: \_\_\_\_\_

Date, Place of residence: \_\_\_\_\_

Signature \_\_\_\_\_

This form consists of 4 pages (excluding enclosures)

The loss notification form with enclosures should be sent to your broker or to:

Saurwalt & Partners, Assurantiën  
Koningin Emmakade 171  
2518 JN 's-Gravenhage  
[info@saurwalt.nl](mailto:info@saurwalt.nl)