EXPAT & CO
smart insurances

EARLY RETURN CLAIM FORM
(PLEASE USE BLOCK CAPITALS)

Policy number _____

INFORMATION ABOUT THE INSURED

First Name _____ Last Name _____

Address _____

_____

Postal Code _____ City _____ Country _____

Date of Birth (dd/mm/yyyy) _____ Gender   M   F

Email _____

Tel* _____ Mobile* _____

please include country codes

Relationship to the deceased _____

INFORMATION ABOUT THE DECEASED

First Name _____ Last Name _____

Address _____

_____

Postal Code _____ City _____ Country _____

Tel* _____ Email _____

Date of Birth (dd/mm/yyyy) _____ Date of Death (dd/mm/yyyy) _____

Cause of Death _____

Family Doctor's Name _____

Address _____

_____

Postal Code _____ City _____ Country _____

Tel* _____ Email _____

! Please include following documents:
- *invoice of airline tickets + proof of payment;*
- *copy of death certificate;*
- *proof of relationship;*

PAYMENT METHOD

Please transfer reimbursement to my account in _____ (country)

Name of bank _____

Address _____

IBAN _____ BIC/SWIFT code, ABA, if any _____

Account No _____ Account holder _____

MUST BE SIGNED BY THE INSURED

I, the undersigned, declare that all information given in this claim form is in accordance with the truth and that nothing is concealed. I authorise Expat & Co and the insurance company to obtain information from any doctor, hospital or insurance company concerning myself or any co-insured persons in order to process the claim in accordance with the Policy Conditions.

I hereby give Expat & Co the authority to recover any reimbursement, advanced by them, from any other insurance company or social security institution which can give a right to reimbursement as a consequence of this claimed illness, injury or accident.

I hereby accept that Expat & Co and the insurance company will record the information given for the purpose of processing data in connection with e.g. premium collection, processing of claims, reimbursements, etc. In case of non-acceptance of the request for reimbursement, the information given may be recorded. Furthermore, I accept that insurance correspondence which does not contain health information or other sensible information is sent to the person registered as the policy holder. Expat & Co or the insurance company may choose to have data processed in or outside the EU.

Date _____ Signature _____

Smart coverage for global citizens.
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