Claim notification form

Holiday and Travel Insurance
for Medical Costs and Personal Assistance

This form must be completed by the insured person or his or her legal representative. All relevant questions must be answered in full, and the signed form must then be returned promptly to the address at the end of the document. If you have any questions, please contact the CSS service line at 0844 277 277. Thank you.

Policy no.

1 Claim

☐ Medical costs ☐ Personal assistance

2 General information

2.1 Insured person

First name | Surname | Date of birth

Street, number | Postcode/town

2.2 Contact

Private phone | Cell phone | Business phone

What is the best time to contact you? | Where? ☐ Private ☐ Cell ☐ Business | E-Mail

Contact person if further information is required

2.3 Employer

Name of employer

Street, number | Postcode/town

3 Course of events

3.1 Damage

Date | Time

Location | Country

3.2 Injured party

First name | Surname | Date of birth

Street, number | Postcode/town

3.3 Exact description of event (please use an additional sheet if necessary)

3.4 Was the Assistance Centre of CSS Insurance involved or notified? ☐ Yes ☐ No

3.5 Was any other emergency organisation involved or notified? ☐ Yes ☐ No

If so, which emergency organisation?

Name of emergency organisation

4 Medical costs/personal assistance

4.1 Is it an

☐ Illness ☐ Accident, please also complete the accident notification form in full

4.2 Which treatments were performed by the doctor or hospital while abroad?

4.3 Duration of treatment

Outpatient treatment

Date

from to

Inpatient treatment

Date

from to

4.4 Treatment costs

☐ CHF ☐ Foreign currency – which?

Outpatient treatment

	CHF	Foreign currency
Doctor's costs		
Medication		
Total		

Inpatient treatment

	CHF	Foreign currency
Hospital costs		
Medication		
Total		

4.5 Doctor/hospital providing initial treatment abroad or in Switzerland

First name | Surname

Hospital | Street, number

Postcode/town | Country

4.6 Doctor/hospital providing further treatment abroad or in Switzerland

First name | Surname

Hospital | Street, number

Postcode/town | Country

4.7 Have you been under medical treatment for this ailment in Switzerland?

☐ Yes ☐ No

If so, when and by whom?

Date

from to

First name | Surname

Street, number | Postcode/town

4.8 Name of health insurance and/or accident insurance?

CSS client ☐ Yes ☐ No If you are not insured with CSS, please complete the following points

Name of insurance company | Policy no. (please enclose copy of the policy)

Street, number | Postcode/town

4.9 Do you have any other insurers (illness/accident/transport costs/ETI motorists letter of protection, etc.)?

☐ Yes ☐ No

If so, with which insurance company?

Name of insurance company | Policy no. (please enclose copy of the policy) | Insurance cover

Street, number | Postcode/town

Have you already reported the event to this insurance company? ☐ Yes ☐ No

4.10 Duration of and reason for stay abroad

Date

from to

4.11 Remarks

5 Payment to

5.1 Name and address of the beneficiary

First name

Surname

Street, number

Postcode/town

5.2 Account details of the beneficiary

☐ Postal check account

☐ Bank account

Number of postal account

IBAN

Name of the bank

Remarks

The undersigned person hereby confirms that he or she has answered all questions on all pages truthfully and in full.

By signing the claim notification, the applicant authorises CSS Insurance to share information and obtain such at any time from doctors, other service providers, social and private insurers and authorities, and their company doctors and medical advisors to the extent necessary to assess the insurance cover, while respecting statutory provisions on data protection. In such cases, the applicant releases all agencies and parties from which information is requested from the obligation to maintain professional secrecy or patient confidentiality with respect to CSS Insurance.

The undersigned person has the right to request information about his or her data that is being processed. Consent to the processing of data may be revoked at any time.

Legal entity for basic insurance (KVG): CSS Kranken-Versicherung AG, legal entity for supplementary insurance (VVG): CSS Versicherung AG

Place

Date

Signature of insured person or his or her legal representative

CSS Insurance
Special insurance benefits, P.O. Box 2568, 6002 Lucerne