Notification of loss

Global Business Traveller and Trainees and Guests

This form must be completed by the insured person or his or her legal representative. All applicable questions should be answered in full and the signed form should then be returned promptly to the address at the bottom of the page. Thank you.

1 Product

Global Business Traveller

- ☐ Treatment costs / personal assistance
- ☐ Death lump sum and disability lump sum
- ☐ Legal Protection Insurance
- ☐ Luggage insurance
- ☐ Travel Cancellation Insurance

Trainees and Guests

- ☐ Treatment costs
- ☐ Death lump sum and disability lump sum

2 Policyholder

2.1 General information

Company

Policy number

2.2 Contact person

First name

Surname

Phone

3 Insured person

First name

Surname

Gender

☐ Female ☐ Male

Marital status

Street address

Postcode / town

Date of birth

Phone numbers

Private

Business

4 Information on the loss event

Reason for the business trip

Departure date

Return date

5 Payment to

☐ Policyholder (employer) ☐ Employee ☐ Other person

5.1 Name and address of the recipient

First name

Surname

Street address

Postcode / town

5.2 Account details of the recipient

☐ Postal account

Postal account no

☐ Bank account

IBAN

Name of the bank

6 Treatment costs

6.1 Was it an

☐ illness ☐ accident (please also complete the enclosed accident report)

6.2 Type of injury or illness

Precise description

6.3 When and where did you have an accident or become ill?

Date

Time

Place

Country

6.4 What treatment was administered by the doctor or hospital abroad?

(Please enclose medical report)

6.5 First treatment

First name

Surname

Phone

Hospital

Street address

Postcode / town

6.6 Additional treatment

First name

Surname

Phone

Hospital

Street address

Postcode / town

6.6.1 Outpatient treatment (Please enclose proof of payment – credit card statement, etc.)

From Until

Costs	Foreign currency	CHF
Doctor		
Medication		
(only as prescribed by a doctor)		
Total		

6.6.2 Inpatient treatment (Please enclose proof of payment – credit card statement, etc.)

From Until

Costs	Foreign currency	CHF
Doctor		
Medication		
(only as prescribed by a doctor)		
Total		

6.7 Previous treatment

Did you already consult a doctor in Switzerland about this ailment at an earlier time?

☐ No ☐ Yes With

Treatment was completed on

6.8 Have you notify another insurance carrier about this event?

☐ Yes ☐ No

7 Luggage

7.1

☐ Damage

☐ Theft / when and where was it first noticed?

7.2 Was a police report drawn up?

☐ No ☐ Yes. By which precinct?
(Please enclose the report)

7.3 Witness

First name Surname Phone

Street address Postcode / town

7.4 Where were the items at the time of the event?

7.5 If in a locked car, were they in the trunk?

☐ Yes ☐ No

7.6 Items

(make/type)	Purchased from	Purchase date	Replacement value/repair cost

☐ In accordance with separate list

8 Cancellation costs

Reason for cancelling the trip? **Please enclose the original booking confirmation with price information!**

9 Additional information (please complete this in every case)

What other cover does the policyholder or claimant have?

Purchase receipt, police report, travel statement and doctor's report must be submitted as original documents!

Type of insurance	Company/agency	Policy no./client no.
☐ Motor vehicle insurance (accidental damage)		
☐ Legal protection insurance		
☐ Luggage		
☐ Cancellation costs		
☐ Household contents		
☐ Health insurance under the KVG		
☐ Accident insurance UVG (employer)		

10 Signatures

The eligible claimant or his or her legal representative hereby declares having answered all the questions truthfully. He or she authorises CSS to obtain information on this benefit case from other insurance carriers, doctors, police, and courts.

Place	Date	Signature of the insured person

Address of the insurer
CSS Versicherung, Support Taggeld D-CH, P. O. Box 2550, 6002 Lucern