

Policy No. _____

Claim No. _____

Please check off as applicable!

(this is assigned by the EUROPÄISCHE!)

C. Questions for the attending physician (to the specialist, if treatment by a specialist proved necessary, or for the hospital in the event of hospital treatment)

Dear Sir/Madam,

Due to the illness or involvement in an accident of your patient, a claim against a travel cancellation insurance policy has been submitted to us. In the interests of processing this insurance claim as per our obligations, we request that you answer the questions below as fully as possible. In accordance with the Travel Insurance Conditions, our insuree is required to release you from doctor-patient confidentiality obligations.

Thank you for your efforts in this regard. Europäische Reiseversicherung AG

Physician's Attestation

Name of patient _____ Date of birth _____

Postal Code _____ Place _____ Street _____

1. Precise Diagnoses (please write legibly):

Course of therapy:

Did the patient required inpatient treatment as a result of the diagnosis?

No Yes – Hospital/Clinic _____ from _____ to _____

Did patient report sick with their national health service provider?

No – reason _____

Yes (please attach a copy of the report) from _____ to _____

2. When did the patient fall ill / When did the accident occur? Date^o _____ (DD/MM/YYYY)

3. Is the ailment regarded as medically serious (i.e. sufficient to render patient unable to travel?)

No Yes When did patient's inability to travel become apparent? Date^o _____ (DD/MM/YYYY)

3a. In the event that a non-travelling family member (such as life partners, children, parents, siblings) was affected: When did it become apparent that the presence of the insuree was urgently needed at the home location?

Date^o _____ (DD/MM/YYYY)

^o if this data is not in agreement, please give reasons:

4. Was the patient capable of participating at the time the insurance policy was issued/trip booked? (Date _____)?

No Yes

5. Is this a case of an illness which had preexisted for a length of time? No Yes – since _____

Did an unexpected, significant deterioration occur? No Yes

Had the patient been hospitalized because of the diagnosis in the last 12 months?

No Yes – Hospital/Clinic _____ from _____ to _____

6. Were you asked, prior to the insurance policy being issued/the trip booked, as to the feasibility of the participation?

No Yes

In order to avoid further requests please supply an extract from the medical file, in case of inpatient treatment a hospital report including anamnesis or in case of pregnancy a copy of the pregnancy record.

Space for additional comments:

With my signature, I hereby confirm the accuracy and completeness of the information I have provided above on my aforementioned patient travelling to their destination in _____ leaving on _____. I agree to share information verbally regarding the statements given, with the insurer's medical claims examiner. The insurer reserves the right to pursue appropriate legal means, as per §146 of the legal code, in the event that false information has been provided.

Which doctor is in the best position to provide information about the circumstances of this illness:

Name, address and telephone number of the physician:

Date, office stamp and signature of the attending physician