Helsana

Questionnaire relating to tooth damage caused by food

	Insured person	Last name, first name			
		Insurance no.			
1	When did the accident take place?	Date			
2	When did you first go to a dentist about this problem?	Date	Date		
3	Please describe the precise events of the accident				
4	Which food did you eat?				
5	If you ate fruit with stones, was the fruit:	☐ stoneless		☐ not stoneless	
6	Could you see or feel the hard object after the event?	🗌 No	🗌 Yes		
			More details		

I hereby confirm the accuracy of this information.

Place and Date

Signature of the insured person/legal representative

It is important to note that the term accident is defined in the law. An accident occurs when an injury to the human body occurs suddenly and unintentionally as a result of an external influence. However, the external factor must be known. This condition is met if you have seen the object and can describe it. If you merely suspect that there was an object in your food, under current case law this does not constitute sufficient evidence for us to cover the costs.