

Enquiry regarding accident or illness during a stay abroad

Please send us the completed and signed form along with any supporting documents **within 30 days**:
Helsana Versicherungen AG, Postfach, 8081 Zürich

Insured person

Surname, first name	_____	_____
Date of birth	_____	E-Mail
Insurance no.	_____	_____
Phone (best availability)	_____	Case no. (ID)
_____	_____	_____

Please answer the questions in full (questions 5-16 only in case of accident).

1 Where (town or country) did you become ill/have the accident?

2 a) Reason for being abroad

<input type="checkbox"/> holiday	<input type="checkbox"/> school/studies
<input type="checkbox"/> business trip	<input type="checkbox"/> posted worker
<input type="checkbox"/> seeking medical treatment	<input type="checkbox"/> secondary residence
<input type="checkbox"/> other: _____	

b) Since when have you been abroad?
Travel dates from _____ to _____

c) Are you deregistered with your local municipal authority in Switzerland?
 No Yes

3 Did you suddenly take ill?
 No
 Yes, type of disease: _____

4 Did an accident occur?
 No Yes

Accident details

5 Date of accident _____

6 Time of accident _____

7 Circumstances leading up to the accident

8 a) Were you employed at the time of the accident?
 Employed Apprentice Self-employed

b) If no, please explain

<input type="checkbox"/> Not employed	<input type="checkbox"/> school pupil/student
<input type="checkbox"/> DI/OASI recipient	<input type="checkbox"/> trainee

9 Do you receive or have you received unemployment benefit?
 No
 Yes, from _____ to _____

10 The accident happened

<input type="checkbox"/> On the way to work
<input type="checkbox"/> At work
<input type="checkbox"/> Outside of work/in my free time

11 Number of working hours per week _____

12 Last employer before the accident

Name, address, postcode, town/city

from _____ to _____

13 Was a third party involved in the accident?
 No Yes
Surname, first name, address, postcode, town/city

14 Is there a police report?
 No Yes
Filled out by which police station/police officer's name?

Surname, first name
Date of birth
Insurance no.

E-mail
Case no. (ID)

Injury

- 15 Part of body injured _____ 16 Type of injury _____ left right

Further information

- 17 a) Treatment period _____ from _____ to _____
b) Were you pregnant at this time? No
 Yes, gestational age: _____
- 18 a) In which foreign currency were the invoices paid?* _____
b) Which exchange rate did you receive?
(If possible please give copies of bureau de change receipts) _____
c) Cost of treatment in Swiss francs? _____ CHF
- 19 Did you contact our emergency hotline? No Yes
- 20 Were you receiving treatment before the stay abroad? No
 Yes, why? _____
- Where? _____
How long? _____

* Please attach invoices. Please provide a brief description of content and currency amounts for illegible invoices or invoices in foreign languages. Please use the form "Invoicing in case of accident or illness during a stay abroad". This will help us reduce translation costs and delays in processing claims.

Insurance

- 21 a) Did you conclude separate travel insurance? No
 Yes, with which company? _____
 Incl. coverage for treatment costs
- b) Are you covered by any other insurance? No
 Yes
Type of insurance Extension of insurance
 Personal accident insurance
 Accident insurance pursuant to UVG
Name of insurance _____
- c) Coverage for search, rescue or repatriation costs ETI travel protection (TCS) Credit card REGA
 Other, please name: _____

Authorisation/signature

I hereby confirm that I have answered the above questions truthfully and in full. By signing this form, I release hospitals, doctors and medical staff, public authorities, public offices and other insurers from their legal and contractual duty of confidentiality towards the insurer given in the letterhead and towards Helsana Supplementary Insurances Ltd and authorize them to disclose the information required in connection with the treatment. I also authorize the insurer given in the letterhead and Helsana Supplementary Insurances Ltd to hand over all the relevant documents for claims of recourse against the liability insurers or liable third parties involved.

Place and date

Signature of the insured person/legal representative

X

Invoicing in case of accident or illness during a stay abroad

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Helsana Versicherungen AG, Postfach, 8081 Zürich

Insured person

Surname, first name _____

Insurance no. _____

E-mail _____

Attachments

Invoices

Receipt for exchange rate

To be completed by the insured

Treatment date	Invoicing party (doctor, hospital etc.)	Treatment reason	Currency	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Purchase date	Medication (product name)	Treatment reason	Currency	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Place and date _____

X

Signature of the insured person/legal representative _____