

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

_____	_____
_____	_____
_____	_____
_____	_____

Please answer the questions in full (questions 5-15 only in case of accident).

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

2. Abroad

a. Reason for being abroad?

holiday school/studies business trip posted worker

seeking medical treatment secondary residence

other reasons:

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. Time of accident

a. Were you employed at the time of the accident?

employed apprentice self-employed

b. If no, please explain?

not employed school pupil/student

DI/OASI recipient trainee

9. Do you receive or have you received unemployment benefit?

no yes

from: _____ to: _____

10. Number of working hours per week

11. Last employer before the accident?

from: _____ to: _____

12. Were other persons involved in the accident?

no yes

13. Was a police report made or a European Claim Form filled in?

no yes

At which office or police station?

_____	_____
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Insured Person

Injury

14. Part of body injured

15. Type of injury

left

right

Further information

16. Details

a. Treatment period

from:

to:

b. Were you pregnant at this time?

no

yes

gestational age:

17. Payment

In which foreign currency were the invoices paid?

18. Did you contact our emergency call centre?

no

yes

19. Were you receiving treatment before the stay abroad?

no

yes, why?

where?

how long?

Insurance

20. Insurances

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

accident insurance pursuant to UVG

personal accident insurance

Name of insurance

c. Coverage for search, rescue or repatriation costs

ETI travel protection

credit card

Rega

others, which ones?

Authorisation

I hereby confirm that I have answered the above truthfully and in full. By submitting this form, I release hospitals, doctors and medical staff, authorities, external emergency call centre, Swiss representations abroad, government offices and other insurers from their legal and contractual duty of confidentiality towards the insurer given the letterhead and towards Helsana Insurance Company Ltd, Helsana Supplementary Insurance Ltd and Helsana Accidents Ltd. Furthermore, I authorise the insurers to provide third parties with the information required in connection with treatment or ongoing clarifications and to hand over the documents relevant to the claim for reimbursement to the liability insurers or liable third parties involved. To this end, I release the insurers from their statutory and contractual duty of confidentiality. In the event of proven intentional fraud, we reserve the right to charge the costs incurred during the investigation to the person responsible.

place and date

signature of the insured person
or the legal representative