

## Student travel – Medical expenses Claim form (Short version)

### Important:

- Fill in all applicable questions as completely as possible; this will avoid delays in the claim handling process.
- We prefer receiving your claim by e-mail. If you decide to send your documents by e-mail, please remember to keep the original documents, as we may still ask for them for verification purposes. You can of course send your claim by post, if you prefer.
- Make sure to enclose any declarations, deeds and other evidence right from the start.
- Make sure your answers are clearly readable, please use capital letters.
- Make sure to sign the form after completing it. Unsigned forms will not be handled.

### General

<b>Policy number:</b>		<b>E-mail address:</b>	
<b>Name and Surname:</b>	Ms. / Mr.*		
<b>Address for correspondence:</b>			
<b>Postal code:</b>		<b>Town/City:</b>	
<b>Telephone:</b>		<b>Date of birth:</b>	
<b>Bank account number / IBAN:</b>			
<b>BIC/SWIFT code of the bank:</b>			

\* Strike out what does not apply.

### B. Medical expenses

<b>B1</b>	<b>The claim concerns:</b>	<b>Accident / Illness*</b> * Strike out what does not apply
<b>B2</b>	<b>When did you have the first medical symptoms?</b>	
<b>B3</b>	<b>Circumstances and description of the medical complaints (describe the symptoms and the diagnosis if already known. If necessary, enclose a diagram and/or explanation of the situation on the back of this form):</b>	

B4	<b>Are you still being treated?</b>	Yes/No *
B5	<b>In case of an accident, is there question of potential permanent invalidity?</b>	Yes/No *
B6	<b>In your opinion, is a third party liable for the damages incurred?</b>	Yes/No *

\* Strike out what does not apply

If yes,

<b>Name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Why, in your opinion, is the third party liable?</b>	
<b>With which company is the third party insured?</b>	
<b>Company</b>	<b>Policy number:</b>
<b>What is the relation between yourself and the third party?</b>	

Invoice No**	Name of doctor/ pharmacy	Amount in foreign currency	Amount in euro	Amount reimbursed by Social Security
1.			€	
2.			€	
3.			€	
4.			€	
5.			€	
6.			€	
7.			€	
8.			€	
9.			€	

\*\* Please send the invoices and the related medical documentation.

<b>Are you insured by a health care insurer (Social Security)?</b>	<b>Yes/No***</b>
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\*\*\*If so, please send to Chubb the statement of (reimbursement or the lack thereof) by your health care insurer.

**EXPLICIT CONCENT**

We carefully assess your claim, and also take steps, in common with standard industry practice, to monitor for fraudulent claims. For these reasons, we may need to use information about your health which is relevant to your claim, and, where relevant, the health of other persons relevant to the claim which you provide to us. You must ensure that any other persons whose information you provide to us understand and do not object to this use of their data, and (where required under applicable law) consent to us using their information for the purposes described here.

We will not use this health information for any other purpose, and will comply at all times with the terms (including security standards) referred in our Privacy Policy. You do not have to provide us with the following consent, and you may withdraw it at any time, but if you do not provide it, or choose to later withdraw it, that may affect our ability to process your claim. Please tick the following box to indicate your consent to our use of your health information in this way.

Yes **The undersigned declares:**

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- that he/she answered the above questions and provided the above particulars accurately, truthfully and to his/her best knowledge, and that he/she has not withheld any potentially important information relating to this claim;
- that he/she submits this claim form and any additional information to the insurer for the purpose of determining the extent of the damage or loss and the entitlement to benefit;
- that he/she has taken note of the content of this form;
- that he/she accepts to provide the medical advisor of Chubb European Group SE, if necessary, all additional information that the advisor deems necessary for the handling of this claim.

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Date:

City:

Signature

**Chubb. Insured.<sup>SM</sup>**

We use personal information which you supply to us for underwriting, policy administration, claims management and other insurance purposes, as further described in our Master Privacy Policy, available here [<https://www2.chubb.com/benelux-en/footer/privacy-policy.aspx>] or by searching 'Master Privacy Policy' on [www2.chubb.com/benelux-en](http://www2.chubb.com/benelux-en). You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at [dataprotectionoffice.europe@chubb.com](mailto:dataprotectionoffice.europe@chubb.com). Chubb European Group SE is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Chubb European Group SE has fully paid share capital of €896,176,662 and is supervised by the Autorité de contrôle prudentiel et de résolution (ACPR) 4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09. Chubb European Group SE, Belgium Branch, Chaussée de la Hulpe 166, 1170 Brussels, company number BE0867.068.548. In Belgium it falls under the conduct of business rules of the Financial Services and Markets Authority (FSMA). Code NBB/BNB 2312. Citibank (Euro-account) 570-1218055-84, IBAN: BE03570121805584, BIC: CITIBEBX.