

Medical Claim Form

ACE/Dr. Walter

Policy Number

To submit claims in the USA

Please send to: ACE International, P.O. Box 15417, Wilmington, DE 19850, Mon - Fri, 8:00 am - 4:30 pm Eastern Standard Time, Phone (toll-free):

+1-800-262-8028

To submit claims in other countries

Please send to: ACE European Group Limited, Direktion für Deutschland, Leistungsabteilung, Lurgiallee 10, 60439 Frankfurt, Phone:

+49 (0) 69 756 135 03

Important!

Please fill in this form completely and don't forget to enclose the original bills and original prescriptions to make sure that your notification of claim can be handled by us.

Personal data of the insured person

Last name		First name	
Date of birth (D, M, Y)	Phone number	email address	
Destination	Start of journey	Estimated end of journey	
Home address			

Address in the foreign country

Phone number
Address in foreign country

Reimbursement

Did you already pay the doctor's bill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shall we process the invoice amount to the attending physician/hospital directly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you wish a direct invoicing with us, please fill in your bank account.

Account holder	
Bank name	
Account number	Bank code
Non-German Banks: BIC, IBAN	

Details about the illness or accident

Type of illness or accident

Since when do the ailments exist and when did the first treatment begin?

In case of accident, please describe the accident event shortly.

Have you been treated earlier concerning this state or a similar condition? Yes No

If so, please note date, name and address of physician or hospital.

Details about other insurances

Do you have an additional health insurance besides? Yes No

If so please note name of other insurer and insurance number.

If so: Did you receive benefits or reimbursements from other insurers already? Yes No

Important note

As an insured person you are obliged to answer all questions immediately, truthfully and to the best of your knowledge. Wilfully false or incomplete statements as well as a grossly negligent infringement of your obligation to furnish correct information may exempt the insurer fully or partially from his obligation to indemnify with reference to this claim.

Final declaration

I hereby confirm to have answered all the aforementioned questions completely, truthfully and to the best of my knowledge. Moreover, I am informed that I will be held responsible for the answers in this claim form, even if I did not complete it personally.

Location, date

Signature of insured person