

C. Certificate of the attending physician (to the specialist, if treatment by a specialist proved necessary, or for the hospital in the event of hospital treatment – in case of mental illness confirmation has to be provided by a psychiatric specialist)

Please sent this certificate immediately to
hogast!
Fax: +39 0471 978118; E-Mail: erv@hogast.it

name of hotel: _____

place: _____

Dear Sir/Madam,

Due to the illness/accident/pregnancy of your patient, a claim against a cancellation insurance policy has been submitted to us. In the interests of processing this insurance claim as per our obligations, we request that you answer the questions below as fully as possible. Thank you for your efforts in this regard. Europäische Reiseversicherung AG

First name and last name of patient _____ Date of birth _____

1. Precise diagnosis (please write legibly):

Course of therapy:

2. When did the patient become ill / When did the accident occur / When was the diagnosis made?

(in case of pregnancy: when was pregnancy detected)

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

3. Is the ailment regarded as medically serious (i.e. sufficient to render patient unable to travel?)

No Yes When did patient's inability to travel become apparent?

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

3a. In the event that a non-travelling family member (such as life partner, children, parents, siblings) was affected: When did it become apparent that the presence of the insured was urgently needed?

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

4. Did the sickness or consequence of accident exist before **the policy was taken out was made?**

No Yes - since when

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

 → if YES, please also answer questions 5 and 6

Only to be completed in the case of existing sickness or consequence of accident:

5. On the date when **the policy was taken out** (Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

)

Were there any reservations about undertaking the trip? No Yes

Could the patient reasonably expect to undertake the trip as planned? No Yes

Had any serious unexpected deterioration occurred? No Yes

6. In the 9 months / 12 months **BEFORE THE POLICY WAS TAKEN OUT WAS MADE** was the patient receiving in-patient treatment in connection with the diagnosis stated above (excluding check up examinations)?

No Yes

In the 6 months **BEFORE THE POLICY WAS TAKEN OUT WAS MADE** was the patient receiving outpatient treatment in connection with the diagnosis stated above (excluding check up examinations)?

No Yes

In order to avoid further requests please supply an extract from the medical file, in case of inpatient treatment a hospital report including anamnesis or in case of pregnancy a copy of the pregnancy record.

Additional comments:

With my signature, I hereby confirm the accuracy and completeness of the information I have provided above on my aforementioned patient travelling to their destination in _____ leaving on _____. I agree to share information verbally regarding the statements given, with the insurer's medical claims examiner. The insurer reserves the right to pursue appropriate legal means, as per §146 StGB, in the event that false information has been provided.

Which doctor is in the best position to provide information about the circumstances of this illness

(name, address and telephone number of the physician):

Date, office stamp and signature of the attending physician