HanseMerkur
Reiseversicherung AG

Name and address of policyholder

Please complete the form and send it back to

HanseMerkur Reiseversicherung AG
c/o Linea Direkta Asistencia
Centro Empresarial El Plantió
Calle Ochandiano 12, plantas 1 y 2
28023 Madrid
E-Mail: claim-service@hansemerkur.es

Travel Interruption Claim Form

Confirmation / insurance no: _____

Dear Policyholder
Unfortunately you have had to interrupt/discontinue your trip. In order to process your claim efficiently we require specific information from you. Please complete this form as accurately as possible to avoid any un-necessary queries. Thank you for your cooperation and do not hesitate to contact us if anything is unclear to you.

Data protection notice: we store your personal data for the purposes of assessing our service obligations. For further information on data protection and your rights go to https://www.hmrv.de/web/en/privacy/information or please request a copy from us.

I. Travel details:

1) Tour operator: _____ Country of destination _____

2) Travel agency: _____

3) Start of travel: _____ Finish: _____

4) Booked on: _____ Interrupted on: _____

II. Details of travellers who interrupted the trip (name, address, date of birth, e-mail)

1) _____

2) _____

3) _____

4) _____

5) _____

III. Name and address of the person who has initiated the claim:

_____

Also state the relationship of this person provided that he or she is not one of the travellers

IV. Reason for interruption:

Illness ☐ **Accident** ☐	} ➔	Please have the enclosed questionnaire completed by the doctor consulted
Pregnancy ☐	➔	Please enclose a medical certificate issued by the doctor or gyna
Vaccination incompatibility ☐	➔	Please enclose a medical certificate issued by doctor consulted
Unemployment due to a termination for economic reasons ☐	➔	Please enclose your employer's letter of termination and unemployment certificate issued by the employment office.
Death ☐	➔	Please enclose a copy of the death certificate and details of the relationship between you and the deceased.

Other reasons: _____

In the event that the claim incident (e.g. accident) was caused by a third party, please state the exact name and address of this person and,in the case of a road accident, if possible, the police station

_____

When did the incident occur? _____

In the event of illness: Were you unable to work? ☐ No ☐ Yes
If yes, please attach a copy of the certificate of disability to the claim documents and state the name and address of your employer below:

_____

Reason for discontinuation: _____

Date of discontinuation of travel: _____

If you discontinued your travel, please submit the original receipts covering the additional return journey costs, such as hotel bills, air tickets, train tickets, etc.

V. Who should receive the claim settlement? (name, address, telephone no., bank account, IBAN, BIC / Swift / ABA)

_____

_____

Policyholder's signature

VI. The following documents are also required for claim processing reasons:

Insurance policy	☒	**Evidence of premium payment**	☒
Travel booking confirmation (copy)	☒	**Tour operator's travellers' list (group travel)**	☐
Cancellation invoice (original)	☒	**Tour operator's travel terms and conditions**	☐
Rental agreement (original)	☐	**Rental terms and conditions**	☐
Air ticket (original)	☐	**Evidence of additional return journey costs**	☐
Medical certificate of a doctor on site	☒	**Certificate of payment with a credit card**	☐

Please do not staple or attach documents. Thank you for your help.

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Calle Ochandiano 12, plantas 1 y 2, 28023 Madrid

Insurance no.:
(Please quote unless already provided)

Claim no.:
(Please quote if known)

VII. Information on the consequences of breach of duty after the insured incident has occurred

Information

Dear customer

After the insured incident has occurred, we require your assistance.

Duty to provide information and assist in clarification
On the basis of the contractual agreement entered into, we may ask you to provide us with all information that is necessary to clarify the scope of liability (duty to provide information) and to clarify the matter fully (duty of clarification) to enable us to fully assess the claim. However, we may also request that you provide us with supporting documents, provided that such requests are reasonable.

Loss of benefits
If, contrary to the contractual agreements, you fail to provide us with information or give incorrect information, or wilfully fail to provide us with the supporting documents that we request, you will lose your entitlement to compensation. If breach of such obligations is based on gross negligence, we may reduce the benefits in proportion to the seriousness of the negligence. There will be no reduction if you prove that you have not been grossly negligent in infringing the obligations.

Notwithstanding a breach of your obligation to either provide information, assist in clarification, or provide supporting documents, we are still obliged to pay compensation insofaras you can prove that any violation of duty was neither the result of establishing the scope of the insured incident or the scope of our liability.

If you fraudulently breach the obligation to provide information to clarify matters or to provide supporting documents, we will in every case be released from our liability to pay the claim.

Note:
If a third party, and not you yourself, is entitled to the benefits under the contract, such third party must also provide information assist in clarifying matters and provide supporting documents.

Place: _____ **Date:** _____

_____
Signature of policyholder and insured or legal representative

VIII. Final statement

I confirm that the information I have provided above is true and complete. I am aware that incorrect or incomplete information may lead to loss of insurance cover. I have taken note of the above information on the consequences of breach of obligation after the insured incident.

In addition I assign my claims and demands against a third party causing the accident / liable party or against my statutory health insurance fund / private health insurer to the amount of the compensation paid by HanseMerkur Reiseversicherung AG to HanseMerkur Reiseversicherung AG.

Place: _____ **Date:** _____

_____
Signature of policyholder and insured or legal representative

HanseMerkur Reiseversicherung AG
c/o Linea Direkta Asistencia, Centro Empresarial El Plantió
Calle Ochandiano 12, plantas 1 y 2, 28023 Madrid

Insurance no.:
(Please quote unless already provided)

Claim no.:
(Please quote if known)

Please send your records to:
HanseMerkur Reiseversicherung AG, c/o SOS Service Office Spain, Calle Colon 187 1 d, 07458 Can Picafort
E-Mail: claim-service@hansemerkur.es

Dear Customer

In order to process your claim as quickly as possible, we need important information from the doctors who treated you. Please send us this authorisation to release medical records, so that we do not have to contact you with any follow-up questions. This will help to speed up the processing of your insurance claim.

Please note: You or the person about whom health data is to be collected may refuse to grant authorisation for the release of medical records. In this case, the obligation of HanseMerkur Reiseversicherung AG to pay insurance benefits shall be suspended until it is given the opportunity to examine the entitlement to benefits.

Thank you very much for your assistance. Should you have any further questions, please do not hesitate to contact us.

IX. Authorisation to release medical records

1. Collection, storage and use of health data provided by you by HanseMerkur Reiseversicherung AG

I hereby consent to the collection, storage and use of health data provided in this application and in the future by HanseMerkur Reiseversicherung AG to the extent necessary for the performance, claim review or termination of this insurance policy.

2. Case-specific consent for liability assessment purposes (authorisation to release medical records)

The above authorisation does not constitute a general waiver of confidentiality as it extends only to information about illnesses treated based on the submitted invoices.

Subject: Treatment of the medical condition(s)

I hereby consent to the collection of my health data by HanseMerkur Reiseversicherung AG - to the extent necessary for an insurance claim review - from

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

and the processing of the data for liability assessment purposes.

I hereby release the aforementioned individuals and employees from the aforementioned entities from their duty to maintain confidentiality and consent to my legally stored health data from examinations, consultations and treatments as well as insurance applications and policies covering a period of up to ten years prior to submitting an application to be disclosed to HanseMerkur Reiseversicherung AG.

In this context, I also agree to HanseMerkur Reiseversicherung AG passing on my health data - where necessary - to these entities, and I hereby release individuals who work for HanseMerkur Reiseversicherung AG from their duty to maintain confidentiality.

I also give this declaration on behalf of my children who are covered by this policy and any other persons I am legally authorised to represent who are not able to understand the importance of this declaration.

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3. Disclosure of data for medical examination purposes

In order to determine our liability it may become necessary to use the services of a medical advisor. Your consent and authorisation to release your medical records are required by HanseMerkur Reiseversicherung AG for this purpose. You will be informed of any disclosure of your data.

I hereby consent to HanseMerkur Reiseversicherung AG disclosing my health data to a medical advisor insofar as this is necessary for the determination of liability, my health data is used for the purposes for which the consent was granted, and the results are reported back to HanseMerkur Reiseversicherung AG.

I hereby release individuals who work for HanseMerkur Reiseversicherung AG and the medical advisers from their duty to maintain confidentiality in relation to health records and other data protected by law.

4. Delegation of tasks to other entities

HanseMerkur Reiseversicherung AG does transfer certain tasks such as the emergency call service or the telephone customer service, which can lead to the collection, processing or use of your personal health data to other companies or organisations. HanseMerkur Reiseversicherung AG shall keep an updated list of delegated tasks as well as organisations and categories of organisations, which have been contracted to collect, process and use health data on behalf of HanseMerkur Reiseversicherung AG. The current list is available online at www.hmrv.de/web/en/footer/privacy or upon written request.

I hereby consent to HanseMerkur Reiseversicherung AG disclosing my health information to entities specified in the abovementioned list, which shall collect, process and use the health data for the stated purposes and to the same extent as HanseMerkur Reiseversicherung AG. Whenever necessary, I hereby release the employees of HanseMerkur Reiseversicherung AG and other entities from their duty to maintain confidentiality in relation to the disclosure of health data and other information protected by law.

5. Disclosure of data to reinsurance companies

In order to ensure settlement of your claims, HanseMerkur Reiseversicherung AG may use the services of reinsurance companies, which assume the risk in whole or in part. In order for the reinsurance company to assess the insurance claim, HanseMerkur Reiseversicherung AG may present your insurance application to the reinsurance company. The reinsurance company that assumes the risk is entitled to review the claim assessment originally performed by HanseMerkur Reiseversicherung AG and verify whether it is accurate. Data related to existing insurance contracts may be passed on the reinsurance companies for the purposes of premium payments and claim settlements.

Anonymous or pseudonymous data will be used whenever possible but personal health information may also be used for the abovementioned purposes. The reinsurance companies may only use your personal data for the aforementioned purposes. HanseMerkur Reiseversicherung AG will inform you of any disclosure of your health data to reinsurance companies.

I hereby consent to the disclosure of my health data to reinsurance companies - where necessary - and its use for the stated purposes. Whenever necessary, I hereby release individuals who work for HanseMerkur Reiseversicherung AG from their duty to maintain confidentiality in relation to the disclosure of health data and other information protected by law.

Date, location

Signature of insured person or his/her legal representative

HanseMerkur Reiseversicherung AG
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Calle Ochandiano 12, plantas 1 y 2, 28023 Madrid

HanseMerkur
Reiseversicherung AG

Medical certificate:

Insurance no:
Claim no:

Dear Doctor
To enable us to assess our liability under the travel cancellation insurance, we would be grateful if you could complete the following questions (in capital letters). If there is insufficient space, please use the reverse page for your answers.

Patients name Date of birth

Street, postal/zip code, town/city, country

1. a) Exact diagnosis with ICD code: _____

   _____

   b) Previous case history (use additional sheet if necessary): _____

   _____

2. When was the diagnosis made or when did the accident occur? _____
3. When did the patient first see a doctor because of these complaints? _____
4. a) Was the patient unable to work? ☐ No ☐ Yes, from _____ to _____
   If yes, please attach a copy of the certificate regarding inability to work

   b) If no, please give reasons: _____
5. Treatment as an in-patient? ☐ No ☐ Yes, from _____ to _____
   If yes, please attach the discharge report and the findings on admission.
6. What treatment was prescribed? Please also give details of prescribed medicines.

   _____
7. a) When was specific treatment carried out as a result of this illness? Please give dates.

   _____

   b) What specific examinations were carried out? _____

   _____
8. a) Had the patient already suffered from the complaint? ☐ No ☐ Yes, since when? _____

b) When did specific treatment take place in respect to the above illness(es)?
Please give details of dates _____

_____

c) When did treatment take place due to the condition worsening?

_____

9. a) Were you asked **before** the trip was booked on _____ * (date) whether the patient was able to travel?
   ☐ No ☐ Yes, for the first time on _____

   b) If yes, what did you advise or point out to the patient and/or dependants?

   _____
10. Were you asked about the ability to travel **after** the booking date *?
    ☐ No ☐ Yes, for the first time on _____
    for the last time on _____
11. When did you advise against starting the trip? Date _____
    last time on _____
12. Did you refer your patient to a specialist? ☐ No ☐ Yes, on: _____

_____
Please write the name and address of the specialist here.

_____ _____

Stamp and signature of the doctor **Place and date**

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