



Policy code

Claim code

EU

Insured	Name		Personal identity No.
	Address	Postal code	Locality
	Email address		Telephone (give mobile number, if available)
	Occupation		
Policyholder	Name		Personal identity No.
	Address	Postal code	Locality
	Email address		Telephone (give mobile number, if available)
	Recipient of compensation (name)		
Bank account details	Bank's BIC	Account number	
Specification of trip	Trip started, date	Trip ended, date	Enclose receipt for trip
	Type of trip (vacation/work/studies/other, what?)	Form of accommodation	
	<input type="checkbox"/> Vacation	<input type="checkbox"/> Hotel / spa / ship / youth hostel / camping site	
	<input type="checkbox"/> Work	<input type="checkbox"/> Visit to relatives / friends	
<input type="checkbox"/> Studies	<input type="checkbox"/> Staying in the insured's own holiday home / flat		
<input type="checkbox"/> Other, what?	<input type="checkbox"/> Other, specify		
Did you stay in the same destination during the last six months?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, when(start date - end date)?			
Illness data	Illness began, date	Where did illness begin (country, location)?	
	When did you consult a doctor? Name of doctor		
	Where and when were you treated (health centre, hospital, hospital days)?		
	Name and type of illness		
	Have you previously suffered from a similar disease or from symptoms related to this disease?		
	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	When and what symptoms?		
	Does your illness require further treatment in your home country?		
	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Accident data	Date and time of accident	Place of accident (country, location)
at hrs			
How did accident occur?			
Nature of injury		Does your accident require further treatment in your home country?	
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Has the same part of body been injured previously?		When?	
<input type="checkbox"/> No <input type="checkbox"/> Yes			
When did you consult a doctor? Name of doctor			
Where and when were you treated (health centre, hospital days)?			
Names and addresses of witnesses			
Name and address of person who caused accident			
Was case investigated by the police?		Influence of intoxicant or alcohol?	
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	

Medical treatment expenses	Enclose receipts in original		Amount	Currency	Enclosure
	Doctors' fees				
	Examinations and treatment				
	Medicines				
	Travel expenses				
	Other expenses				
	Outstanding bills				
Expenditures paid by the travel agency / guide (other, who?)		Amount and currency			
Curtailement of trip	Trip started, date	Intended return, date?	When did you return, date?		
	Reason for curtailment of trip (enclose certificate)				
	Enclose receipts in original		Amount	Currency	Enclosure
	Additional travel expenses				
	Additional accommodation expenses				
Other expenses					
Late arrival/ waiting	Specification (enclose certificate by transport company)				
	<input type="checkbox"/> Continues in a separate appendix				
Cancellation of trip	When was your trip due to start, date?		When did you cancel your trip, date?		
	Reason for cancellation				Enclose certificate
	Cancellation expenses				Enclose tour operator's certificate
Other information	Are you insured against this loss with another insurance company?		Company		
	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Consent	<p>I hereby give my permission and authorize any medical practitioner or health care professional, hospital, health centre, clinic, occupational health care unit, mental health clinic, private nursing institution and any other medical and medically related facility as well as other insurance companies, insurance institutions and pension insurance institutions and any person in this same insurance company who has processed any claim I may have made under another insurance policy, to disclose to the insurance company any personal information related to my state of health which is necessary for the processing of a claim. In order to acquire the necessary information, the insurance company may give the above-mentioned parties detailed information concerning my state of health and my insurance.</p> <p>I understand that the insurance company will pass information related to any accidents reported to it to a joint claims register maintained by insurance companies. When processing claims, the insurance company will check any claims submitted to other insurance companies. The information collected will be used solely for the purpose of preventing crime against insurance</p>				
Signature	Place and date		Signature of the insured or his/her representative and name on block letters		

Kelan hyväksymä lomake 907 SV

Authorisation	Insured's name		Personal identity No.
	Were medical treatment expenses due to a road accident, an employment accident or an occupational disease? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	I wish the compensation payable by the Social Insurance Institution under the Health Insurance Act to be paid to Eurooppalainen Insurance Company Ltd.		
Signature	Date	Name of the insured or his/her guardian	



How to file a claim

Fill in your personal, travel and bank account data, specify your claim and sign the form.

You can expedite the handling of your claim by enclosing your original insurance policy or a copy thereof. Please enclose a copy of your membership card if the insurance in question was taken out by an association or organisation for the benefit of its members.

Please enclose the following documents with your claim.

Accident or sudden illness

- receipt for the trip
- original receipts for medical treatment expenses

Curtailed or changed trip

- doctor's statement
- official certificate of family relations if the trip was interrupted or changed because of a sudden injury, illness or death of a close relative
- tickets for the original travel schedule
- additional tickets (passenger's slip)
- original receipts for unavoidable additional accommodation costs
- for a new outward trip to be covered, please submit a certificate of the continuation of studies or employment, as well as the original outward ticket

Cancellation of trip

- doctor's statement
- official certificate of family relations if the trip was cancelled because of an injury, illness or death of a close relative
- original tickets or the tour operator's certificate of the cost of the trip
- certificate of compensation paid by the tour operator

Late arrival

- transport company's certificate of late arrival or certificate of a road accident issued by the police
- original tickets or the tour operator's certificate of the cost of the trip
- certificate of compensation paid by the tour operator

Waiting

- transport company's certificate of late arrival

Repatriation of a deceased

- death certificate
- receipt for repatriation or burial costs

Benefit payable in case of death

- police investigation report
- autopsy report
- specification of family relations
- contact data of beneficiaries

The claim form and the appendices should be sent to

Pohjola/Traveller's insurance
P.O.Box 880
FI-00013 Pohjola
Finland