

# Summary Expat & Co insurance

Check most recent information on this website: <https://www.expatsinsurance.eu/en/claims>

## Claims

**Please use the office hours contact details for all your claims and enquiries so as not to tie up the alarm centre with non-urgent requests.** We strive to reply to all queries within 2 working days.

Contact us on [claims@expatsinsurance.eu](mailto:claims@expatsinsurance.eu) (office hours GMT+1) or **+32 (0)2 463 04 04** (office hours GMT+1) with all requests that can be dealt with during office hours.

Should you find yourself in a situation where you need to claim on your insurance urgently, please contact us as soon as possible. In the event of a hospital admittance, please contact the according alarm centre as soon as possible:

YOUR LOCATION	INCIDENCE	OFFICE HOURS / NON-OFFICE HOURS	TELEPHONE	EMAIL
worldwide excl. USA	Hospital Admission	<b>Office Hours:</b> Mon-Fri: 9AM-5PM (GMT+1)	<b>+32 (0)2 463 04 04</b>	<a href="mailto:claims@expatsinsurance.eu">claims@expatsinsurance.eu</a>
		<b>Outside Office Hours:</b> Mon-Fri: 5PM - 9AM (GMT+1) <b>&amp; Weekends:</b> (24/24)	<b>+32 (0)2 669 0880</b> <i>(alarm centre, please only contact in case of out of hours hospital admission)</i>	<a href="mailto:help@expatsinsurance.eu">help@expatsinsurance.eu</a> <i>(this is the alarm centre, please only contact in case of out of hours hospital admission)</i>
<b>USA</b> please always go through Global	<b>Hospital Admission</b> or	24/7	USA Toll-free <b>+1-800-250-3271</b>	

Excel whilst in the USA	<b>Outpatient / Dental Treatment</b>			
	<b>Provider Search</b> (doctors, hospitals,...)	24/7		<a href="#"><u>Global Excel Health Care Provider Search</u></a>
worldwide	<b>Urgent Repatriation</b>	<b>Office Hours:</b> Mon-Fri: 9AM-5PM (GMT+1)	<b>+32 (0)2 463 04 04</b>	<a href="mailto:claims@expatinsurance.eu">claims@expatinsurance.eu</a>
		<b>Outside Office Hours:</b> Mon-Fri: 5PM - 9AM (GMT+1) <b>&amp; Weekends:</b> (24/24)	<b>+32 (0)2 669 08 80</b> <i>(this is the alarm centre, please only contact in case of out of hours emergencies)</i>	<a href="mailto:help@expatinsurance.eu">help@expatinsurance.eu</a> <i>(this is the alarm centre, please only contact in case of out of hours emergencies)</i>
	<b>Information</b> (claims)	24/7		<a href="mailto:claims@expatinsurance.eu">claims@expatinsurance.eu</a>
	<b>Information</b> (policies)	24/7		<a href="mailto:info@expatinsurance.eu">info@expatinsurance.eu</a>

To get reimbursed for other (medical) expenses, we kindly ask you to complete and send us the according claim form to **Expat & Co, Claims Dept., Assesteenweg 65, 1740 Ternat, BELGIUM**, together with the **ORIGINAL bills** (no scans, no copies).  
If no social security is involved you may also claim electronically (with good readable scans). You can fill out your pdf claim forms digitally with Adobe's Acrobat Reader type tool.

**DOWNLOAD CLAIM MANUAL**

**DOWNLOAD CLAIM MANUAL USA**

download on <https://www.expatinsurance.eu/en/claims>

**In the US**, please always contact **Global Excel** before going to a doctor. **Global Excel** will arrange an appointment for you with direct payment by **Global Excel**, and lower out-of-pocket expense (if your policy foresees a co-pay).

**Please note:** never buy travel tickets yourself in case of an early return or repatriation. Otherwise, there is a risk that you will not be fully reimbursed.

**Always contact** [claims@expatinsurance.eu](mailto:claims@expatinsurance.eu) or the according alarm centre (see above),  
**and if approved to buy tickets yourself:** FCmTravel Agency or tel: **+32 (0)2 719 90 90**.  
(using our FCm promotion code "Expat&Co")

## Claims forms

Download your claim form on <https://www.expatinsurance.eu/en/claims>. If you'd like to fill out your form digitally - as opposed to printing it off, filling it out and scanning it back in again - then download the latest version of **Adobe Acrobat Reader** here. It's free and it's safe. Simply use the "Fill & Sign" option in the toolbar to complete your application or claim form. Send your form to us by email and save a copy for your own reference.

CLAIMS FORM MEDICAL & ACCIDENT (to be filled out by the patient)

MEDICAL REPORT (to be filled out by the doctor)

CLAIMS FORM TRAVEL (to be filled out by the insured)

CLAIMS FORM DISABILITY (to be filled out by the insured)

CLAIMS FORM DEATH (to be filled out by the beneficiary)

CLAIMS FORM GOODS (to be filled out by the insured)

CLAIMS FORM LIABILITY & LEGAL ASSISTANCE (to be filled out by the insured)

CLAIM FORM EARLY RETURN (to be filled out by the beneficiary)