

すべてドイツ語または英語でご記入ください

Travel Health Insurance - information on an insured event for foreign visitors

Insurance, transaction
or reservation number: 証券番号
Please quote unless already provided

Process ID: _____
Please quote if known

Please send your documents to:
HanseMerkur Reiseversicherung AG
Abt. RLK4 / Leistung
Postfach 30 24 50, 20352 Hamburg
Tel.: 040 4119-2300
Fax: 040 4119-3841

Please complete all fields accurately and legibly. Please note that failure to provide correct or complete information may render your insurance cover invalid (for more on this, read Section V. on p. 4).

I. General – information on the claimant and the trip

Please attach proof of insurance and proof of the premium payment.

Family name, first name of insured: 保険契約者名 <u>Yamada, Taro</u>	Date of birth: 生年月日 <u>01.01.2001</u>		
Nationality (nationalities): 国籍 <u>Japanese</u>			
Occupation/work performed at the date of the illness or injury: <u>疾病・怪我の時点での職業・身分</u>	Employer at the date of the illness or injury: <u>疾病・怪我の時点での雇用者名</u>		
Where and how can you be reached? <u>連絡先</u>			
Street and house number: _____			
Postal code: _____	Town: _____	Country: _____	
Email/fax: _____	Phone private (with code): _____	Phone work (with code): _____	Mobile phone: _____

保険金受け取り人（振込のみ対応）

Who should benefits be paid to (payments may only be effected by bank transfer)?

Account holder: <u>口座名義人名</u>	
Name and place of bank: <u>金融機関名、場所</u>	Bank sort code / BIC / SWIFT/ branch code: <u>BICまたは支店番号</u>
Account / IBAN no.: <u>IBAN または 口座番号</u>	

Date of your entry into the EU/Germany (please attach a copy of your bus, rail, plane tickets, your reservation confirmation or the stamp of arrival/departure in your passport):
EUまたはドイツ入国日 入国日が分かる、旅券の入国スタンプまたは航空券のコピーを添付して下さい

Which country were you treated in? 治療を受けた国

When will you return to your native country? Date: 帰国の予定日



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II. Information on the insured event

Please submit originals of doctors' bills, prescriptions and receipts. If payment has already been made, e.g. by your statutory health insurer, it is sufficient to submit a copy with a note of the reimbursement. In the case of in-patient treatment, please attach a copy of the discharge report.

1. Why did you receive medical treatment? 治療を受けた理由

- illness 病気
 accident 事故
 check-up 健康診断
 vaccination ワクチン
 dental treatment 歯科治療
 pregnancy 妊娠

2. In the case of illness or accident:

a) What was the illness for which you had treatment (please describe the diagnosis in your own words)? In the case of an accident, please describe how the accident occurred:

治療を受けた病気は何ですか? (ご自身の言葉で病状を記述下さい) 事故の場合は、事故の起こった経緯

b) When did the complaints first arise (date)? はじめに症状が出始めたのはいつ頃からですか。(日付)

3. In the case of dental treatment:

a) Did you have toothache? Yes No Did you get dentures, crowns, onlays, etc.? Yes No
 歯痛はありましたか 義歯、入れ歯、クラウン、詰め物等を入れられましたか
 If yes, where? Upper right Lower right Upper left Lower left
 Yesの場合、箇所は?

b) When did the complaints first arise (date)? はじめに症状が出始めたのはいつ頃からですか。(日付)

4. In the case of treatment due to pregnancy:

a) When was the pregnancy determined? 妊娠が確定したのはいつですか

b) In which week of pregnancy was the pregnancy determined? 妊娠何週目にわかりましたか

Please attach a complete copy of the pregnancy medical records. 妊娠の医療記録のコピーを添付してください。

c) Why were you treated during the pregnancy? 妊娠中に治療を受けた理由はなぜですか。

check-up 検診
 complaints/early labour 疾患・早期陣痛
 premature birth 早産
 delivery 出産

d) In case of complaints during pregnancy - when did the complaints first arise (date)?

妊娠中の疾患について、はじめに症状が出たのはいつからですか(日付)

5. When did you first receive medical treatment (date)?

最初に治療を受けたのはいつですか。

6. Please name all the doctors who treated you during your stay abroad (see questions 1-4). Please tell us name, address, telephone number, fax number, email address. If there is insufficient space, please attach a separate sheet:

外国滞在中に受けたすべての担当医・医療機関名・住所・電話番号・ファックス番号・メールアドレスを記入してください。スペースが足りない場合は、別紙をご用意下さい。

7. a) Had you already received medical treatment for the illness before the start of the journey? Yes No

a) 旅行開始前からすでに疾病治療を受けていましたか

b) Was the treatment the consequence of an illness or accident treated before the start of the journey? Yes No

b) 今回の治療は旅行前開始前に治療されていた疾病または事故によるものですか

If yes, please give us details of the doctors providing treatment (date, name, address, telephone number)

Yesの場合、旅行前に治療した担当医の詳細を記入してください

(治療日、名前・医療機関名、住所、電話番号)

8. Who is or was your family doctor/dentist/specialist doctor in the last 12 months before the start of the journey? Please give us details of the names and addresses of the doctors, the treatment periods and the diagnoses. If there is insufficient space, please attach a separate sheet.

旅行開始前12ヶ月までのかかりつけ医(ホームドクター、歯科医・専門医)について担当医・医療機関名・住所および

治療期間・診断名を記入してください。

9. Prior to the start of the journey, did you have complaints or illnesses that were not treated? If yes, what were these complaints or illnesses?

旅行開始前に、未治療の疾患・症状はありましたか。あった場合は何の疾患症状ですか。

10. Only in the case of death: Please provide details of the date and cause of death. Please attach a copy of the death certificate.

死亡の場合に限り：死因の詳細を記入下さい。死亡届(証明書)のコピーを添付してください。



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III. Details on further insurance policies: 他の保険について

1. Have you been insured by us in the past? If yes, when and what was the policy number?

以前、HanseMerkurにて加入していたことがありますか。ある場合は、証券番号

2. Which other insurance company has given you health insurance cover in the last five years (name, address, policy number)?

過去5年に、どの保険に加入していましたか。(保険会社名・住所・証券番号)

3. Have the invoice documents submitted to us been submitted to another insurance company?

HanseMerkurに提出した請求書は他の保険会社にも提出したことがありますか

No Yes If yes, please attach a copy of the other insurance company's settlement letter.

Yesの場合、他の保険会社からの審査結果のレターを添付してください。

4. Have you submitted medical invoices for reimbursement to another insurer in Germany in the last five years?

過去5年間、ドイツの他の保険会社に医療費請求をしたことがありますか。

No Yes If yes, please give us details of the year, country in which you were treated, name, address and policy number of the insurance company.

Yesの場合、どの国でいつ治療を受けたのか、その保険会社名・住所・証券番号を記入してください。

IV. Details in the case of accident: アクシデントの場合の詳細について

1. Place of accident (street, house number, place)

事故が起こった場所(通り、番地、都市)

Date and time of the accident

事故が起こった日時

2. Please describe how the accident happened:

事故が起こった経緯を記入してください。

3. Was the accident caused by another person(s)? No Yes, by:

他の人が原因による事故ですか

Name(s) and address(es)

事故を起こした者の名前、住所

4. a) Did the accident happen at your place of work, during work time or at your school during lessons or a school event?

No Yes a) 事故は職場、勤務中または学校の授業中や学校行事の間におこりましたか

b) Did the accident happen on your way to your place of work/school or from work/school to your home? No Yes

b) 事故は、通勤中・通学中に起こりましたか

5. Have the invoices on the accident-related treatment already been submitted to the person causing the accident or to that person's liability insurer for reimbursement?

事故による医療費請求書を事故を起こした人または、その人の賠償責任保険提出しましたか

No Yes, to

Name, address, insurance number of the liability insurance:

Yesの場合、提出先の名前(賠償責任保険会社)住所を記入してください

6. Are there witnesses to the accident (please give names and addresses)?

事故の目撃者はいますか(目撃者の名前と住所を記入してください)

7. Which police station dealt with the accident? Please give us details of the

police station and reference number and attach a copy of the police report.

どの警察署で扱われていますか。警察署の詳細(レファレンスナンバー)および警察のレポートを添付してください。

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V. Information on the consequences of breach of duty after the insured event

Information under Sec. 28 para. 4 VVG

Dear customer,

Once the insured risk has occurred, we require your assistance.

Duties to provide information and assist in clarification

On the basis of the contractual documents entered into with you, we may demand, after the occurrence of the insured risk, that you provide us with all information that is necessary to determine the nature of the insured risk or the scope of our liability (duty to provide information) and to provide us with all details that serve to clarify the matter (duty of clarification) to enable us to properly assess our liability. However, we may also demand that you provide us with supporting records / documents provided that such demands are reasonable.

Loss of benefits

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

Despite a breach of your obligations to provide information or assist in clarification or provide supporting records / documents, we will still be obliged to pay benefits insofar as you can prove that the wilful or grossly negligent breach was not the caused by the investigation of the insured event or by the investigation of the scope of our liability.

If you fraudulently breach the obligation to provide information, to clarify matters or to provide supporting records / documents, we will in all cases be released from our liability to pay benefits.

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 records / documents.

VI. Final statements

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 cover. I have taken note of the above information in accordance with Sec. 28 para. 4 of the Insurance Contract Act.

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

Place / Date

Signature of policyholder and insured person
or legal representative

場所、日付

ご契約者または法定代理人のご署名