

Claim Form

LASPAU (No.07001 0834)

Please mail to:

SITE OHG – Claims Department
Büchelstrasse 50
53227 Bonn - Germany

Tel: +800-287 737 84 (toll free)
Tel: +49-228-40062-0 (normal rate)
Fax: +49-228-40062-22
Email: germany@site-insurance.com

SITE

SERVICES FOR INTERNATIONAL TRAVEL & EDUCATION

Name, First Name

Date of Birth

Important! Claims can only be dealt with if the claim form is filled in completely and if it is accompanied by **original** bills. You may send faxes in advance to expedite the process, but keep in mind that your claim is not complete until you send the originals.

Address in home country

Temporary address abroad

Start of insurance coverage

End of insurance coverage

Are you additionally insured with other insurance companies? (If so, please quote the name of the company and your insurance number.)

yes

no

If yes: Do you receive benefits from the other insurance company?
(If not please send us the refusal in writing.)

yes

no

(If yes: other insurance company and your insurance number)

Who is to receive the compensation?

Please send:

A check to my home address.

A check to my address abroad.

A money wire

If you requested funds via wire, please provide the following

BANK, Place of Bank

Holder of the account

Routing Code, Account number

I hereby confirm that all information given above and on the attached description of the damage is complete and truthful.

Place, date, signature

For liability claims please use an extra sheet of paper to describe exactly how the damage occurred.

Please use only this claim form accompanied by original bills and do not send photocopies, faxes, or e-mails but retain copies for your own records. You may send faxes in advance to expedite the process, but keep in mind that your claim is not complete until you send the originals.