



		Claim code
Insured	Name	Personal identity No.
	Telephone	Occupation
	Full address	
Policyholder	Name	Personal identity No.
	Full address	Telephone
	Policy code	
Account No.	Indemnitee	Bank/account No. Always required

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	

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	

Curtailment 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	

Authorisation	Information on the insured and his / her state of health may be given to Eurooppalainen Insurance Company Ltd provided that the information is necessary for the settlement of a claim. Furthermore, information may be disclosed to the joint claims register of insurance companies and to another insurance company for the settlement of a claim concerning a loss event.
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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

Mailing address	Service number	Fax	E-mail
From Finland: Pohjola Travel Insurance P.O. Box 770 00013 Pohjola	International: Pohjola Travel Insurance P.O. Box 770 FI-00013 Pohjola	010 253 1333 International: +358 10 253 1333	010 253 3275 International: +358 10 253 3275 eurooppalainen.claims@pohjola.fi www.eurooppalainen.com