Chapka Travel Insurance

MEDICAL COSTS · ASSISTANCE · BAGGAGES · CAPITAL · LIABILITY INSURANCE

WHAT TO DO IN THE EVENT OF A CLAIM?

CAP TEMPO EXPAT

HOW TO CONTACT OUR EMERGENCY DEPARTEMENT?

HOSPITALIZATION, REPATRIATION, EARLY RETURN

Please indicate:
- Your first name and surname
- Your contact details **(address, telephone number)**
- Your subscription number
- Your contract number **IB1900383FRCA0**

Call the assistance center available 24/7

+33 (0)1 41 85 93 76

MEDICAL EXPENSES REFUND

FOR THE REFUND OF MEDICAL EXPENSES

- A copy of your work visa
- Your bank account details (IBAN)
- A copy of the national identity card
- Original and detailed bills along with the proof of payment
- Medical Prescriptions
- The medical filed compiled by the doctor stamped, dated and signed (document you received by email when you suscribed)
- In case of an accident: police report
- In case of hospitalization: hospitalization report And /or any proof of visiting the emergency room (report indicating the raison for your visit, the current and the future treatment)

For medical expenses < €500, please scan the invoices and report your claim online at: www.chapkadirect.com/sinistre

For medical expenses > €500: please send the original documents in a sealed envelope addressed to the "medical advisor":

Aon France / Chapka Assurances
31-35 rue de la Fédération
75015 Paris - France

Please keep the original documents, they may be requested by the Insurer. Please make sure you get the report before leaving the hospital. Once you leave, it will be more difficult to get.

OTHER INSURANCE GUARANTEES (Baggages, Civil Liability, Individual Accident)

REPORT YOUR INCIDENT

Indicating your contract number:
- Within 5 days for Civil liability and individual accident cover
- Within 2 days for theft

In case of theft, the Insured person must file a complaint with the local authorities and within the 24 hours following the incident. In order to be covered, this complaint must include and describe the stolen objects.

ONLINE CLAIM REPORT

Please upload th documents to

Online:
http://www.chapkadirect.com/sinistre

We may request the original documents, please keep them.

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MEDICAL FILE
FORMULARIO MÉDICO
QUESTIONNAIRE MÉDICAL

TO BE COMPLETED BY THE POLICY HOLDER */ A COMPLETAR POR EL ASEGURADO / À REMPLIR PAR L'ASSURÉ*

First and Last Name / *Nombre y apellidos / Nom et prénom :* .....

Contract number / *N°de afilación / N° d'adhésion* **:** .....

Date of Birth / *Fecha de nacimiento / Date de naissance (d/j - m - y/a)* **:** ..... /..... /.....

TO BE COMPLETED BY THE DOCTOR */ A COMPLETAR POR EL MÉDICO / À REMPLIR PAR LE MÉDECIN*

1° Reason for consultation / *Motivo de la consulta / Motif de la consultation :* Symptoms / *Síntomas / Symptômes*

In case of an accident, please explain the circumstances
En caso de accidente, por favor explicar las circunstancias / En cas d'accident, préciser les circonstances :

Day of first symptoms / *Fecha de los primeros síntomas / Date des premiers symptômes (d/j - m - y/a)* **:** ..... /..... /.....

Is this the first episode? / *¿Es la primera vez? / Est-ce le premier épisode ?* .....

Any previous pathology associated with the symptoms?
¿Existe alguna patología previa relacionada con los síntomas?
Y a-t-il des antécédents médicaux en lien avec les symptômes ?

2° Findings after medical examination / *Resultados después del examen clínico / Résultats après examen clinique :*

3° Clinical impression / *Impresión diagnóstica / Impression diagnostique :*

4° Prescribed tests or scans / *Exámenes o análisis recetados / Examens ou analyses prescrits :*

5° Confirmed diagnosis / *Diagnóstico final / Diagnostic final :*

6° Prescribed treatment / *Tratamiento recetado / Traitement prescrit :*

DOCTOR'S STAMP:
SELLO DEL MÉDICO
TAMPON DU MEDECIN

DOCTOR'S SIGNATURE:
FIRMA DEL MÉDICO
SIGNATURE DU MÉDECIN

DATE / *FECHA* :

This information will be treated as private and confidential