



# CAP WORKING HOLIDAY



## WHAT TO DO IN THE EVENT OF A CLAIM?

### HOW TO CONTACT OUR EMERGENCY DEPARTEMENT ?

#### HOSPITALISATION, REPATRIATION, EARLY RETURN

**Please indicate:**

- Your first name and surname,
- Your contact details (address, telephone number)
- Your subscription number
- Your contract number 58223432



Call the assistance center  
available 24/7

**+33 (0)1 41 85 93 16**

### MEDICAL EXPENSES REFUND

#### FOR THE REFUND OF MEDICAL EXPENSES : :

- a copie of your working holiday 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 hospitalisation: hospitalisation 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 send them by email to:  
[chapka@medical-administrators.com](mailto:chapka@medical-administrators.com)

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

#### Chapka Assurances / MAI



Medical Administrators International  
39, rue Anatole France  
92532 Levallois Perret Cedex  
France



**Tél. : +33 (0)1 84 79 08 82**

**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 :

#### ONLINE CLAIM REPORT

Indicating the policy number 58223432:

- 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.

**Please upload the documents to:**



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

**We may request the original documents, please keep them.**

# MEDICAL FILE

## QUESTIONNAIRE MEDICAL

## FORMULARIO MÉDICO

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

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

Contract number / N° d'adhésion / N° de afiliación : .....

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

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

What ailment exactly does your patient suffer from? / De quelle pathologie souffre le patient? / ¿Qué padece el paciente?

If any, state the cause / S'il y en a une, précisez la cause / Si hubiera un motivo, explíquelo :

Date of the discovery of the illness / Date d'apparition de la pathologie / Fecha de aparición (d/j - m - y/a) ?  
..... / ..... / .....

Is this the first episode? / S'agit-il de la première manifestation de la pathologie ? / ¿Es la primera vez?

How long has the patient suffered from this? / Depuis combien de temps le patient souffre t-il ? / ¿Desde cuándo lo padece el paciente?

Are there any associated pathologies? / Existe t-il des pathologies associées ? / ¿Existe alguna patología asociada?

Are there any related pre-existing pathologies? / Existe t-il des pathologies pré-existantes ? / ¿Padece alguna patología preexistente?

**DOCTOR'S SIGNATURE /**  
**SIGNATURE DU MÉDECIN /**  
**FIRMA DEL MÉDICO :**

Date / Fecha :