



MEDICAL EXPENSES



ASSISTANCE



BAGGAGE



BENEFIT



LEGAL LIABILITY



CAP ADVENTURE

POLICE N°22 43 701

WHAT TO DO IN THE EVENT OF A CLAIM?

HOW TO CONTACT OUR EMERGENCY DEPARTEMENT ?

HOSPITALISATION, REPATRIATION, EARLY RETURN

Please contact the assistance center prior to any intervention and indicating :

- Your first name and surname,
- the country and town or place in which the insured person is located and the telephone number at which the insured person can be contacted.
- Your subscription number
- Your contract number N°22 43 701



Contact the assistance center 24/7:

+33 (0)1 70 79 07 69

Covers are valid only in the event of a prior call to the assistance center.

MEDICAL EXPENSES REFUND

FOR THE REFUND OF MEDICAL EXPENSES, PLEASE SEND WITHIN 5 DAYS:

- Your subscription number
- Your contract number N°22 43 701
- A bank statement (IBAN)
- Original invoice of the medical expenses
- Paid Medical Prescriptions
- The medical file compiled by the doctor (see page 2) and also a medical report
- Copy of your passport (page one: identification and page from entry/exit immigration stamps)
- Outbound plane ticket from your home country

Please send the documents to:



CHAPKA ASSURANCES CLAIMS MANAGEMENT

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

You can scan the invoices and send the documents by email to get refund (Please keep the original invoices they could be asked by the insurer)

OTHER CLAIMS (BAGGAGES, CIVIL LIABILITY, INDIVIDUAL ACCIDENT)

CONTACT US :

Within 5 days:
For theft of luggage, the Insured must file a complaint for loss, damage, theft or destruction of baggage with the competent local authorities within a period of Twenty Four Hours following the date of the Loss.

Please send the documents to:



CHAPKA ASSURANCES CLAIMS MANAGEMENT

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

MEDICAL FILE FORMULARIO MÉDICO QUESTIONNAIRE MEDICAL

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

First and last name / Nombre y apellidos / Nom et prénom :

Contract number / N° de afiliación / 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 MÉDECIN :**

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

DATE / FECHA