Claim form – Zurich City Triathlon

1. Personal details of insured person

Surname _____ First name _____

Street / n° _____ Post code _____ City _____

Country _____ Mobile phone _____

E-Mail _____ Date of birth _____

2. Bank details for reimbursement

Bank account (IBAN) / Post account _____

Name of Bank _____ Post code _____ City _____

Account holder (Name, address) _____

3. Other insurance coverage

Do you have any other insurance covering this type of damage? ❑ Yes ❑ No

If yes, which insurance? _____ Policy number _____

4. Triathlon registration

In which category did you register?

❑ Olympic (individual)

❑ Olympic (team)

❑ Youth Triathlon

❑ Sprint (individual)

❑ Sprint (team)

Date of registration _____ Paid amount _____

5. Information on the reason for cancellation

Why are you unable to take part in the triathlon?

❑ Illness ❑ Accident ❑ Death of the insured person

❑ Serious illness ❑ Accident ❑ Death of a family member of the insured person

Date of cancellation _____

6. Documents to be submitted

- ❑ Copy of invoice/registration confirmation
- ❑ Copy of medical certificate
- ❑ Copy of proof of payment of registration fees

Declaration

I certify that the above information is true and complete. I acknowledge that I may lose the right to claim insurance benefits if my information is untrue, incomplete, or contradictory, even if the insurer is not disadvantaged by this. I agree that Europ Assistance (Switzerland) SA may obtain insurance benefits from tour operators and agents, transport companies, authorities (police, courts etc.), other insurance providers etc. The above-mentioned persons shall be released from their legal or contractual obligation of confidentiality.

Release from confidentiality

I hereby authorise Europ Assistance (Switzerland) SA to verify and process my details which are necessary to assess the obligation to provide benefits and to process the claim reported by me. This applies namely to medical investigations with doctors, hospitals, etc., in the context of which I expressly release doctors and medical staff from their duty of confidentiality.

If necessary, data will be transmitted to involved third parties domestically and abroad, namely to co-insurers and reinsurers, for data processing.

Detailed information on data processing in the currently valid version is available at any time under www.europ-assistance.ch/ch-de/vertraulichkeitserklarung

Place and date

_____

Signature of the insured person

_____