

Claim Form

Virginia International University No. 01203 00056

Only if you are in the USA/Canada. Please mail to:

ARMSCO / SITE Claims
P.O. Box 3514
San Rafael, CA 94912 • USA

Tel: 1-800-937-3752 (toll-free in USA)

Tel: 1-415-256-8543 (normal rate)

Fax: 1-415-453-8672 Email: claims@armsco.org

If you are in other countries. Please mail to:

SITE Assistance International GmbH
P.O. Box 15 01 23
53040 Bonn • Germany

Tel: +800-287 737 84 (toll-free)

Tel: +49-228-40061-0 (normal rate)

Fax: +49-228-40061-99

Email: site-claims@site-insurance.com



Services for International Travel & Education

GROUP OF
INTERNATIONAL
INSURANCE BROKERS

Please print! Insured Person

Last Name

First Name

Date of Birth (day, month, year)

IMPORTANT! Claims can only be dealt with if the claim form is filled in completely and if it is accompanied by **original** bills.
All claims should be submitted within 4 weeks of the damage in order to ensure correct and quick processing.

This insurance policy is subsidiary to all other insurance policies. Therefore, if you have effected any other insurance, e. g. other health insurances that are valid for damage incurred abroad, you must submit your claims there first. This policy shall come into play only for damage not accepted by any other insurance you may have.

Address in home country (street, city, zip code, country)

Temporary address abroad (street, city, zip code, country)

Telephone or Email

Start of insurance coverage (day, month, year)

End of insurance coverage (day, month, year)

It concerns a claim of: **Health Insurance** **Accident Insurance**

Are you additionally insured with other insurance companies? (If so, please quote the name of the company and your insurance number.)

yes
no

If yes: Do you receive benefits from the other insurance company?
(If not please send us the refusal in writing.)

yes
no

(If yes: Other insurance company and your insurance number)

Who is to receive the compensation?

Bank, place of bank

Holder of the bank account

Routing code

Account number

(Please contact your Bank for detailed information concerning a foreign bank transfer)

IBAN

Swift- / BIC-Code

Please send: A check to my home address. A check to my address abroad. A money wire

I hereby confirm that all information given above and on the attached description of the damage is complete and truthful.

Place, date, signature

Please use only this claim form accompanied by original bills and do not send photocopies, fax or e-mails but retain copies for your own records.