MEDICAL REPORT FOR CANCELATION INSURANCE

Claim no:

To be completed by the patient

AUTHORISATION: The patient (or legal representative) releases the doctors from the medical confidentiality vis-à-vis the trusted doctor of TSM Insurance Company, Geneva.

Place and date

Signature (patient or legal representative)

The patient is a fellow traveller of the insured person ☐ **Yes** ☐ **No**

Relationship: Number of travellers:

To be completed by the doctor

Patient - Name/First Name

Adress

Birthday

Doctor Name/First Name

Adress

Diagnosis

☐ Illness ☐ Accident ☐ Pregnancy complications

Date of initial symptoms Date of 1° medical consultation

Diagnosis details

Treatment/care details

Inability to travel (dates) from to

Was the diagnosis known at the moment of trip reservation? ☐ Yes ☐ No

Sudden aggravation of a chronic or previous illness/injury? ☐ Yes ☐ No

Were you informed about the patient's intention to travel? ☐ Yes ☐ No

If yes when were you informed?

Was a hospitalisation or treatment planned before booking? ☐ Yes ☐ No

Pregnancy: Expected date of birth

Gestation week number:

Place and Date **Doctor's stamp and signature**

Send form to: claims@tsm-assistance.com

Network provided by AXA ASSISTANCE
redefining / service

TSM Insurance Company
Cooperative
Cours de Rive 2
CH – 1204 Geneva
info@tsm-assistance.com
Tél +41 (0)22 819 44 00
Fax +41 (0)22 819 44 99
www.tsm.ch