

# Reporting a case

## Legal expenses insurance for patients or Legal expenses insurance while abroad

This form must be completed by the insured person or the insured person's legal representative. All relevant questions must be answered in full, and the signed form must then be returned promptly to the address at the end of the document. If you have any questions, please contact the Contact Center: 0844 277 277. Thank you.

Client number

### 1 General information

#### 1.1 Insured person

First name	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street, house number	Postcode/town
<input type="text"/>	<input type="text"/>

#### 1.2 Contact

Private Phone	Mobile	Business phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

What is the best time to reach you?	Where?	Email
<input type="text"/>	<input type="checkbox"/> Private <input type="checkbox"/> Mobile <input type="checkbox"/> Business	<input type="text"/>

Contact person for questions

#### 1.3 Information about the insurance cover (will be filled out by CSS)

##### CSS Versicherung AG:

- myFlex Outpatient insurance including Legal expenses insurance for patients (Orion PRS policy no. 1.248.851)
- myFlex Outpatient insurance including Legal expenses insurance while abroad (Orion ARS policy no. 1.248.852)
- Legal expenses insurance for patients (Orion policy no. 1.262.223)
- Legal expenses insurance while abroad as part of Travel insurance (Orion policy no. 1.262.224)

##### INTRAS Versicherung AG:

- Legal expenses insurance for patients (Orion policy no. 1.245.965)

##### Sanagate AG:

- Outpatient insurance including Legal expenses insurance for patients (Orion PRS policy no. 1.262.225)
- Outpatient insurance including Legal expenses insurance while abroad (Orion ARS policy no. 1.262.226)

#### 1.4 Information about the claim

If the claim relates to **Legal expenses insurance for patients**, please complete, **sections 2, 4, 5 and 6**.

If the claim relates to **Legal expenses insurance while abroad**, please complete, **sections 3, 4, 5 and 6**.

### 2 Legal expenses insurance for patients

#### 2.1 Information about the service provider

Where were you treated?  Hospital  Practice  Other

Name and address of the service provider (hospital, doctor, etc.)

First name	Surname	Phone
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Street, house number	Postcode/town
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Name of the person who in your opinion made the error in treatment/committed malpractice:

First name	Surname	Phone
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Street, house number	Postcode/town
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**2.2 Information about the claim**

When was the incorrect treatment carried out?

Date

In your opinion, what did the incorrect treatment/malpractice consist in?

Precise description

What health problems have you suffered since the treatment?

Precise description

Are you unable to work?  Yes  No

**3 Legal expenses insurance while abroad**

**3.1 What happened?**

3.1.1 When did the event take place?

Date

3.1.2 Where did the event take place?

Place, Country

3.1.3 What happened? (Please provide a full and accurate description of what happened, including sketches and photos etc.)

(Please use another sheet of paper if you run out of space.)

3.1.4 What do you disagree with and what do you want to achieve?

3.1.5 Against whom would you like legal support?

**3.2 Description of the damage suffered**

3.2.1 Was anyone injured?

Yes  No

First name

Surname

If yes: Who?

Nature of injury

Attending doctor/hospital

Accident insurance with SUVA

Yes  No

Name of insurance company

Policy no.

Other accident insurance

Name of general health insurance company

Policy no.

General health insurance company

3.2.2 Was any property damaged?

Yes  No

If yes: Nature of damage/loss?

Precise description

Approximate amount of damage caused

CHF

When and where can the damaged property be inspected?

Precise description

Insurance policies of your own which may be liable:

Name of insurance company

Policy no.

Name of insurance company

Policy no.

**3.3 Traffic accident or breach of road traffic regulations**

**3.3.1 Vehicle data of the vehicle you were using:**

First name of the registered user	Surname of the registered user
<input type="text"/>	<input type="text"/>
Street, house number	Postcode/town
<input type="text"/>	<input type="text"/>
Registration plate	
<input type="text"/>	
Name and address of the liability insurance company of the vehicle used	
<input type="text"/>	

**3.3.2 If your vehicle was damaged:**

Does it have fully comprehensive insurance cover?  Fully comprehensive  Partial  No

If yes:

Name and address of the company providing fully comprehensive insurance

Has the claim already been reported?  Yes  No

Has your vehicle already been repaired?  Yes (please enclose the invoice)  No

Has an expert opinion been sought?  Yes  No

If yes:

Name, address

**3.3.3 Driver of the vehicle:** (only to be completed if not the same as the policyholder or registered user entered in section 1)

First name	Surname	
<input type="text"/>	<input type="text"/>	
Street, house number	Postcode/town	
<input type="text"/>	<input type="text"/>	
Private phone	Mobile	Business phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

3.3.4 Was the driver of your vehicle in possession of a valid driver's licence?  Yes  No

3.3.5 Was an accident statement form completed?  Yes  No

If yes, by whom?  Police  Drivers involved  Other

#### 4 Documents and other evidence

Contracts, correspondence relating to the case

Date on which the decision was communicated

Rulings/decisions from the authorities

Any appeals submitted against such rulings/decisions

Accident statement

Police report

Medical certificate (in the event of work incapacity)

Invoices from doctors and hospitals

Photographs

Repair bills, receipts and other documents relating to the damage suffered

Copies of claims reported to other insurers (e.g. liability or fully comprehensive)

Witnesses

Name, address

Other/enclosures

#### 5 Additional information

Do you /does the insured person have further legal protection insurance policies?

Yes  No

Name of insurance company

Policy no.

Name of insurance company

Policy no.

#### 6 Authorising signature

The person signing below authorizes Orion Legal Expenses Insurance Ltd., CSS Kranken-Versicherung AG, CSS Versicherung AG, INTRAS Kranken-Versicherung AG, INTRAS Versicherung AG, Arcosana AG and Sanagate AG to inspect any documents required by the above-named insurers for dealing with this legal case, to share information if necessary, and to take any legal steps that they deem useful or necessary. Moreover, the person signing below releases the relevant lawyers, doctors and medical advisors of the above-named insurers mutually from their obligation to maintain professional secrecy in connection with the reported case.

Town

Date

Signature of the insured person or his/her legal representative

Please return to:  
CSS Versicherung  
Special Insurance Competence Center  
P. O. Box 2568  
6002 Lucerne