ORION

CSS Insurance

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

Street, house number

Postcode / town

1.2 Contact

Private Phone

Mobile

Business phone

What is the best time to reach you?

Where? ☐ Private ☐ Mobile ☐ Business

Email

Contact person for questions

1.3 Information about the insurance cover

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)

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

Street, house number

Postcode / town

Name of the person who in your opinion made the error in treatment / committed malpractice:

First name

Surname

Phone

Street, house number

Postcode / town

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

If yes: Who?

First name | Surname

Nature of injury

Attending doctor / hospital

Accident insurance with SUVA ☐ Yes ☐ No

Other accident insurance — Name of insurance company | Policy no.

General health insurance company — Name of general health insurance company | Policy no.

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

Street, house number

Postcode / town

Registration plate

Name and address of the liability insurance company of the vehicle used

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 Claim no. ☐ No

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

Has an expert opinion been sought? ☐ Yes ☐ No

If yes:

Name, adress

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

Street, house number

Postcode / town

Private phone

Mobile

Business phone

Email

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

☐ Rulings / decisions from the authorities

Date on which the decision was communicated

☐ 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, adress

☐ 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, Arcosana AG and INTRAS Kranken-Versicherung 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