

# Medical Expenses and/or Emergency Expenses Abroad Notification

Kindly fill in and send to

**O.F. Gollcher & Sons Ltd**

**Mailing/Office Address: 19 Zachary Street, Valletta VLT 1133**

**e-mail: [claims@gollcher.com](mailto:claims@gollcher.com), tel: +356 25691500, fax: +356 21234195**

attaching the following

- **Original receipts for the expenses for medical treatment**
  - **Original receipts for purchase of medicine**
  - **Prescriptions/copies of prescriptions**
  - **Name and contact information of your doctor and dentist in home country**
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<b>Policy Holder</b>	Full Name: _____ Phone: _____ Address: _____ E-mail: _____ Postal Code/City _____ Date of Birth: _____ Policy no.: _____
<b>Insurance period</b>	From: ____/____/____ Till: ____/____/____
<b>Description of Incident</b>	<p><b>Illness / Accident</b></p> <p>When and where did the illness occur?</p> Date: ____/____/____ Place: _____ <p>When and where did the accident happen?</p> Date: ____/____/____ Place: _____ <p>If the accident happened during sport activities, please state the type of activity:</p> _____ <hr/> <p>Please, describe why and how you visited the doctor/hospital + give a specification of the costs</p> _____ _____ _____ _____ _____ _____ _____ _____

# Medical Expenses and/or Emergency Expenses Abroad Notification cont'd.

<b>Description of Incident</b>	State diagnosis and the name of the doctor <hr/> <hr/> <hr/> <hr/> Did you receive treatment for this illness prior to leaving your country of residence? Yes: _ No: _
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<b>Further information about accident / crime</b>	Witness to the accident:                      Name: _____ <span style="margin-left: 250px;">Address: _____</span>
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<b>Description of Incident</b>	<p><b>Other</b></p> What is your reason for submitting this claim? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> When and where did the event occur? Date: ____/____/____ Place: _____
	Please, give a specification of the costs made <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

