Assuria VERZEKERINGEN

REPORT OF THE PERSON TREATING THE INSURED / CARE PROVIDER

Concerning accident / illness that affected the insured:

Name :

First names :

Date of birth :

QUESTION		ANSWER
1.	Were you the first to provide aid? If not, can you mention the name of the person who was the first to provide aid?	
2a.	When did you treat the insured for the first time?	hour ☐ a.m. / ☐ p.m. Date: *(day/ month/ year)*
2b.	Where did you meet him?	
3.	Is he currently still under your treatment?	
4a.	Please give full details concerning the injury / illness suffered by the insured:	*(What/ when/ how)*
4b.	Anatomic location	
4c.	Nature and extent	
4d.	Your diagnosis / diagnoses?	
4e.	Must the insured be hospitalized at your advice?	
4f.	Treatment / operation: *(please specify; the term 'medical treatment' may not be used)*	Operation 1: Date: *(day/ month/ year)* Operation 2: Date: *(day/ month/ year)* Etc.
4g.	Will the accident/ the illness result in permanent or temporary disability?	
5. 5a.	In case of an accident: Is the injury solely and directly caused by the accident?	
5b.	Or must other causes also be attributed such as an existing illness?	
5c.	Or are these increased or worsened by the consequences of the accident and if so to what extent?	
6. 6a.	Was the Insured prior to the accident / illness: Already disabled?	
6b.	Mutilated in any manner whatsoever?	
6c.	Physically or mentally deficient?	
6d.	Suffering from any illness?	
7a.	Do you have reason to suspect that at the time of the accident the Insured was under the influence of dope?	
7b.	If so, did you examine this?	

The undersigned declares to have truthfully answered the questions above.

Date :

Signature person treating the insured :

Name and contact particulars of the person treating the insured :

Contact details Redbridge:
For Emergency Assistance contact REDBRIDGE ASSIST
USA / Canada Toll Free: +1.866.537.1145/ +1.800.785.4154 or Worldwide collect +1.305.537.1145/ +1.305.463.9696. NOTIFY REDBRIDGE WITHIN 48 HOURS FOR ALL MEDICAL EMERGENCIES & IN ALL CASES INVOLVING REPATRIATION. FAILURE TO DO SO MAY RESULT IN A 50% COPAY OR DENIAL OF THE CLAIM .