

Claim Form

CDS International (No. 07001 0930)



Services for International
Travel & Education

GROUP OF
INTERNATIONAL
INSURANCE BROKERS

Only if you are in the USA / Canada. Please mail to:

SITE Assistance International
P. O. Box 1301
St. Petersburg, FL 33731 · USA
Phone: 1-866-593-7962 (toll-free in USA / Canada)
Fax: 1-866-696-3465 · E-Mail: site-claims@site-insurance.com

If you are in other countries. Please mail to:

SITE Assistance International
P. O. Box 30 13 27
53193 Bonn · Germany
Phone: +800-2877-3784 (toll-free)
Phone: +49-228-40061-90 (normal rate)
Fax: +49-228-40061-99 · E-Mail: site-claims@site-insurance.com

Insured Person

Name, First name

Date of birth

Important! Claims can only be dealt with if the claim form is filled in completely and if it is accompanied by original bills.

Address in home country

Temporary address abroad

Start of insurance coverage

End of insurance coverage

Are you additionally insured with other insurance companies? (If so, please quote the name of the company and your insurance number.)

yes
no

If yes: Do you receive benefits from the other insurance company? (If not please send us the refusal in writing.)

yes
no

(If yes: Other insurance company and your insurance number)

Who is to receive the compensation?

Bank, place of bank

Holder of the bank account

Routing code, account number

Please send:

A check to my home address.

A check to my address abroad.

A money wire

I hereby confirm that all information given above and on the attached description of the damage is complete and truthful.

Place, date, signature

For liability claims please use an extra sheet of paper to describe exactly how the damage occurred.
Please use only this claim form accompanied by original bills and do not send photocopies, faxes or e-mails but retain copies for your own records.