

Alpenverein Weltweit Service

Important additional information on claims for rescue costs, repatriation and medical treatment costs

In order to settle your claim as quickly as possible, please note:

Filling in the claim form

Please fill in both pages of the claim form **completely**.

Insurance portfolio

For being able to maintain the insurance scope of Alpenverein Weltweit Service in the present form and with current conditions, we strive to reduce costs by means of co-insurances. We need your help for that!

- Please indicate any private health or accident insurances, memberships of ÖSV, Naturfreunde, ÖAMTC, ARBÖ and credit cards as well as credit card numbers. In case you do not possess one of the aforementioned, answer the respective questions with "no".

Submitting invoices of rescue costs

- Please send the original invoices of rescue costs to us by post, together with any reports of the helicopter or rescue team.
- You do not have to pay the invoices – rescue costs will be settled directly with the respective rescue organisation.
- Should you receive a reminder, please also forward it to us immediately.
- In case you possess the skicard "Freizeitticket Tirol", please enclose a copy of the ticket.

Submitting invoices for medical treatment abroad

- Please send the original invoices for medical treatment costs which have occurred abroad to your obligatory health insurance first.
After receiving either a remuneration or refusal by your health insurance, forward the respective confirmation to us together with a copy of the invoice.
- Please inform us which of the submitted invoices you have already paid.

Please send your claim form together with all documents to:

KNOX Versicherungsmanagement GmbH
Bundesstraße 23
A – 6063 Rum

Tel.: +43 (0) 512 23 83 00
Fax: +43 (0) 512 23 83 00-15
E-Mail: av-service@knox.co.at



Notification of claim for rescue, repatriation and medical treatment costs for policy number 000-1894-3432

First name and surname of the person concerned

Phone number Email

Permanent residence

Date of birth Profession ÖAV membership number

Date of the incident Time

In case of a journey abroad (exact travel dates from-to)

Precise description of the incident (in case of trekking tours, please enclose a route description):

In case of rescue/search operations:
Who alerted the rescue team / helicopter? Name of the rescue team / helicopter?

Nature of injury / illness

With which health insurer is the person affected insured or coinsured?

Are there any private health insurances? Yes No If yes, which one?

insurance company policy number

Are there any private accident insurances?

Yes

No

If yes, which one?

insurance company

policy number

Which police station or rescue service has recorded the accident?

Is the person concerned:

a) a member or supporting member of the Austrian mountain rescue system (ÖBRD)? Yes No

federation

membership number

b) a member of the Austrian Ski Federation, Friends of Nature, the Austrian Automobile, Motorcycle or Touring Club ?

Yes No

federation / membership number

c) holder of credit cards such as VISA, Mastercard, etc.?

Yes No

card number / Card p.E. Visa

d) holder of a ski-lift card called "Freizeitticket Tirol"? (please enclose a copy)

Yes No

card number

e) holder of Alpenverein-Premium-Single Trip Cover?

Yes No

policy number

Did you already pay the submitted invoices?

Yes No

If yes, which of the submitted invoices?

Please provide your bank details (IBAN and BIC):

Account number (IBAN)

BIC

Name and address of the bank

Privacy data consent declaration

I herewith declare Generali Versicherung AG and KNOX Versicherungsmanagement GmbH and each of their affiliates to subject my insurance case related personal health information ("sensitive data"/"Sensible Daten") to being collected, processed and handled by the above mentioned. This for the purpose of settlement of the damage event, statistical surveys and for the purpose of assessing the contractual obligation.

Scope of information required

Information required are the detailed information by the named doctors, medical institutions as well as other facilities for patient care or health care, necessary for assessing the liability concerning illnesses, serious injury to health, clinically significant degeneration, infirmities and consequences of an accident related to this particular insurance case. This also includes medical documents that are essential for assessment (information on the reason of hospitalisation or out-patient treatment, on possible reasons for accident, on treatment services rendered, on duration of hospitalization or treatment as well as information on completion of treatment and discharge of hospitalization; anamnesis of the current treatment/hospitalization and status information, diagnostic results, surgical report, medical progress report, discharge summary, forensic results, etc.) and also operation and authority reports. Furthermore, I authorize Generali Versicherung AG and KNOX Versicherungsmanagement GmbH and each of their affiliates to view all documents of authorities (police, court, etc.) concerning this insurance case. To be able to assess the liability, I also agree that the insurer obtains all information necessary on, at the time of the insured event, already requested, existing or terminated personal insurances at social insurance providers, public funds for health financing and private insurance companies (with regard to double insurances).

Consequences of cancellation

Moreover, I have been instructed that this authorization can be revoked at any time. In the case of a later revocation, all data ascertainment, data transmission and evaluation will stop within the moment of revocation. I have been informed that in the case of refusal or a later revocation of this agreement, the policyholder or the person(s) insured is (are) responsible for acquisition of the data required for evaluation and settlement of the claim of this particular insured event and for their transmission to the insurer; I have also been informed that no claims for benefits shall be due before the insurer has received the data required to assess the obligation to perform. If data ascertainment, data transmission or evaluation of already transmitted data remain partly or completely undone, it may lead to the release of the insurer from his obligation to perform.

Release from obligation of confidentiality

The policy holder or the person(s) insured or entitled to benefit release(s) the abovementioned people consulted in advance of any medical or other job-related confidentiality to the extent of the declaration of consent. By my signature, I confirm to have completely and truthfully answered the above questions and that this notification of claim is correct. I acknowledge that due to the terms and conditions of the insurance policy applicable on this notification of claim and this insurance case, any incorrect statements constitute a violation of duties, which may lead to the loss of my entitlement to benefits. With my signature, I confirm that I have answered the questions expressed truthfully and completely and that the record is correct. I acknowledge that statements that are false in terms of the insurance conditions that are valid for my contract are a violation of duties, which can lead to the loss of my entitlement to benefits.

Place and date

Signature

Please send this claim form to: **KNOX Versicherungsmanagement GmbH, Bundesstraße 23, 6063 Rum**

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