



CLAIM FORM

For Travel insurance policy event

Full Name of policy holder			
Insurance Company Name		Policy Number	
Contact person		Contact Phone	
Location			
Name of medical center in case of self assistance			
Description of the problem			
The indemnity on the occurred insurance event is paid from: <input type="checkbox"/> Patient <input type="checkbox"/> Other person <input type="checkbox"/> Not paid			

IN CONNCTION WITH THE INSURANCE EVENT I AUTHORIZE CORIS TO ABTAIN AND REVIEW ANY MEDICAL RECORDS RELATED THE DESCRIBED EVENT

Signature:

Date:

IN CASE OF EMERGENCY CONTACT ONE OF THE OFFICES BELOW

<p>CORIS BULGARIA 1A, Yakov Kraykov, str. 1606 SOFIA</p> <p>Tel : 359 2 950 50 10 359 2 950 50 11 Fax : 359 2 950 50 12 coris@coris.bg</p>	<p>CORIS MAIMI 6713 MAIN ST Suite # 240 Miami Lakes, FL 33014 Assistance Center Tel : 1 305 698 7757 Fax : 1 305 698 0176 Tollfree (USA) : 1-800-358-9105 assistance@corisamerica.com</p>	<p>CORIS INTERNATIONAL HEAD OFFICE 8, rue Auber 75009 PARIS, FRANCE Tel. : 33 (1) 53 05 30 50 Fax : 33 (1) 42 66 26 90 Email – com@coris.fr</p>
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