

Release from medical confidentiality obligation

Please complete this form with your particulars and travel information and sign the following release from confidentiality obligation. The document must then be forwarded to your attending physician.

Policy no.

Claim no.

(filled in by Allianz Travel)

Personal details

Last name, first name _____ Date of birth _____

Street / no. _____ ZIP / town _____

Telephone private _____ Telephone work _____

Destination _____ Type of trip private professional

Date of booking _____

Duration of trip _____ from _____ to _____

Release from confidentiality obligation

I am aware that, in order to assess its indemnification obligation, Allianz Travel (Switzerland) will check information which I have provided to substantiate my claim. For this purpose, I release all involved doctors and their assistants, who are named in the documents I submit or who are involved in the treatment, from their confidentiality obligation, even after my death. However, this release applies in respect of a previous treatment so far as this information is necessary to check the indemnification obligation. Furthermore, I release the doctors of confidence of Allianz Travel (Switzerland) from their medical confidentiality obligations towards employees of Allianz Travel (Switzerland) who are involved in processing the reported claim. I am aware that Allianz Travel (Switzerland) may, if necessary during the claims settlement process, wholly or partially rely on the services of legally independent Allianz Group companies in Switzerland or elsewhere in Europe that are subject to comparable standards of data protection. I hereby consent to personal data relating to me or my claim, including sensitive personal data, being made available to the aforementioned service companies for processing in connection with said purpose.

Place, date

Signature of the insured person

(in the case of minors their legal representative)

Medical report

Cancellation costs

Policy no.

Claim no.
(filled in by Allianz Travel)

1. a) Case history with date of the first consultation (date of diagnosis in case of pregnancy)

b) Diagnosis which the inability to travel is based upon and the date of diagnosis
(in case of pregnancy please note the expected date of delivery)

c) On which date did the patient inform you about the trip?

d) On which date was the patient informed about the inability to travel?

e) Was the patient entirely able to travel at the time of booking? Yes No

2. a) Were any medicine prescribed? Yes No

If yes, which ones?

b) Were there further treatments of follow-ups arranged? Yes No

If yes, please provide the dates

c) Was a surgery performed? Yes No

If yes, please provide the date of the surgery

Date of surgery agreement

Was it a chosen intervention? Yes No

d) Are any other therapies or arrangements required?

3. a) Was a hospital or clinical stay required? Yes No

If yes, where? from to

b) Was the patient unable to work? Yes No

If yes, in percent, from / to If no, reason

4. Illness or accident of a person not travelling with the insured person

Relationship to the insured person

Date of birth

When did the illness first occur
(in the event of an accident, please provide the date of the accident)?

Diagnosis

When was it clear that the presence of the insured person was necessary with respect to the patient's health?

Place, date

Doctor's signature and stamp