



## CLAIM FOR INDEMNITY SICKNESS OR ACCIDENT

- Company's Travel Insurance  
 Company's Assignment Insurance  
 Company's Accident and Health Care Insurance

- The most convenient way to claim If is using online form on [www.if.fi/travel](http://www.if.fi/travel)
- If you have to use this form, please fill in the form for each type of claim and insured person separately.
- You don't have to send receipts, but we will ask them if necessary. However, keep the receipts for six months.
- You can attach a medical report or other similar document to your claim form.
- If you belong to the Finnish Health Insurance Act, sign the power of attorney for it.
- Please fill in the form carefully as it will ease the claim handling.
- Send the form by Email [personal@if.fi](mailto:personal@if.fi) or by paper mail If P&C Insurance Ltd (publ), branch in Finland, Company customers' personal insurance, PL 2026, FIN-20025 IF

<b>Policy number</b>	Policy number		
<b>Injured/ Sick person</b>	Name		Social security No (Date of Birth)
	Street address		ZIP code
	Phone	Email	
<b>Policyholder (= employer)</b>	Name of the policyholder		
	Name of the policyholder's contact person and contact information (phone and email)		
<b>Travel information</b>	Travel destination		
	Starting date of the journey	Intended ending date of the journey	The actual ending date of the journey
	<input type="checkbox"/> Business trip <input type="checkbox"/> Leisure time trip <input type="checkbox"/> Business or leisure time trip during the assignment		
<b>Assignment information</b>	Assignment country	Employment relationship of the injured/sick person to the policyholder	
	Assignment time period		
<b>Information on illness or accident happened on journey/ assignment</b>	<input type="checkbox"/> Accident during leisure time <input type="checkbox"/> Illness <input type="checkbox"/> Health care related to Assignment insurance <input type="checkbox"/> Work accident <input type="checkbox"/> Other, what?		
	Date of accident or the first symptoms of the illness	Time	Location and country
	Describe in detail the accident and what the injured person was doing when it happened. In case of illness describe the nature of the illness and how the symptoms of the illness appeared. In case of assignment health care give a detailed description of the medical services done. In case of travel cancellation or interruption describe the event that caused the cancellation/interruption.		
	Was the injured under the influence of intoxicants or drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes	Has police investigation done? <input type="checkbox"/> No <input type="checkbox"/> Yes	Location and time of the police investigation
<b>Treatment of injury or illness</b>	When did you visit the doctor first time?	Name, address and country of the doctor	
	Were you treated in hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name, address and country of the hospital	
<b>Previous illnesses and injuries</b>	Have you suffered from similar illnesses/injuries or similar symptoms before?		
	If yes, when, where and how has it/they been treated?		

<b>Expenses for medical treatment</b>	Identify the costs in the table	Definition of expense	Date of expense	Amount and currency of expense	Has the Kela deduction done?
	Doctor's fee				
	Examination and treatment costs				
	Medicines				
	Hospital fee				
	Physical therapy				
	Dental care				
	Travel costs related to treatment				
	Other medical costs				
<b>Expenses due to interrupted or cancelled journey</b>	When was the journey booked?		When was the journey cancelled?		
	The original price of the journey and currency		The refund received from the tour operator/travel agency		
	Identify the costs in the table	Definition of expense	Date of expense	Amount and currency of expense	
	Additional travel expenses				
	Additional accommodation expenses				
	Other expenses				
<b>Payment of indemnity</b>	Name of the payment receiver		Address of the payment receiver		
	Name, address and country of the bank if outside Finland			Bank account number	
	BIC/SWIFT-code		Name of the account holder		
<b>Power of attorney related to Kela compensation</b>	Do you belong to the Finnish Health Insurance Act? If not, what country? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	I hereby authorize If P&C Insurance Ltd (publ), branch in Finland, to apply for, draw and sign for compensation payable for medical expenses under the Finnish Health Insurance Act, up to the amount of medical expenses paid by If P&C Insurance Ltd (publ), branch in Finland. This power of attorney is valid until further notice.  Place and date <span style="float: right;">Signature and printed name of the assignor</span>				
<b>Signature and power of attorney of injured/sick person</b>	I hereby authorize that insurance company will obtain the information needed to settle this claim from those doctors, hospitals, health centers, maternity clinics, occupational health services, mental health and private health care institutions and other insurance companies as well insurance and pension institutions, who have information concerning my health. To obtain the necessary information, the insurance company may disclose personal information about my state of health and insurance to the above mentioned authorities.				
	Place and date <span style="float: right;">Signature and printed name of the assignor</span>				