

Alpenverein Weltweit Service

Important additional information for claiming rescue costs, costs for repatriation and medical treatment

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

Filling in the claim form

- Please fill in the claim form **completely** on both sides.
- Please indicate any private health or accident insurances, memberships with other alpine associations, ski federations etc. and credit cards. If not so, please answer these questions with “no”.

Submitting bills of rescue costs

- Please send original bills of rescue costs (no copies!) together with any reports of helicopter / rescue team by post.
- You do not have to pay the bills – the rescue organisations will be paid directly.
- In case of reminders: please pass them also on without delay!

Submitting bills for medical treatment abroad

- Please send the original bills for medical treatment abroad first to your health insurance.
- After receipt of payment by the health insurance please submit the reimbursement confirmation together with a copy of the bill.
- Please let us know, which submitted bills 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

Precise details of location: (geographical area, region, state)

Precise description of the incident:

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

b) a member of the Austrian Ski Federation, Friends of Nature, Yes No _____
the Austrian Automobile, Motorcycle or Touring Club ? 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"? Yes No _____
card number

Please provide your bank details (IBAN and BIC):

Account number (IBAN) _____

BIC _____

Name and address of the bank _____

Individual declaration of consent for data ascertainment in an insurance case
I here with declare to Generali Versicherung AG or to KNOX Versicherungsmanagement GmbH my agreement concerning this particular insurance case in terms of personal health data ascertainment for assessing the contractual indemnity.

Scope of information required

Information required are the details necessary for assessing the beneficial duty concerning illnesses, serious injury to health, clinically significant degeneration, infirmities and the consequences of an accident related to this particular insurance case by the named doctors, medical institutions as well as other facilities for patient care or health care. This includes medical documents that are essential for assessment (information on the reason of admission or out-patient treatment, on possible reasons for an accident, on treatment services rendered, on duration of stay or treatment as well as information on discharge or completion of treatment; i.e. anamnesis of the current treatment/hospitalization and status information, diagnostic results, surgical report, medical progress report, discharge summary, forensic results) and also reports for operation and authorities.

Furthermore, I authorize Generali Versicherung AG or KNOX Versicherungsmanagement GmbH to view all documents of authorities (police, court) concerning this insurance case.

I also agree that the insurer obtain information on requested, existing or terminated personal insurances at social insurance providers, public funds for health financing

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.

and private insurance companies (with regard to double insurances) at the time of the insured event to be able to assess the obligation to perform to the necessary extent.

Consequences of cancellation

Moreover, I have been instructed that this authorization can be revoked at any time. In the case of a later revocation, data ascertainment, data transmission and evaluation will stop at the moment of revocation. I have been informed that in the case of refusal of this agreement or a later revocation, the policyholder or the person insured is 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. Should data ascertainment, data transmission or evaluation of already transmitted data remain partly or completely undone, this can also lead to the release of the insurer from the obligation to perform.

Release from the obligation of confidentiality

The insurance holder or the person(s) insured or entitled to benefit releases the abovementioned people consulted in advance of any medical or other job-related confidentiality to the extent of the declaration of consent.

Place and date _____

Signature _____

Please send this claim form to:

KNOX Versicherungsmanagement GmbH, Bundesstraße 23, 6063 Rum

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Fax: +43/(0)512/59547-50
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