



Medical form - NoGo Cancellation insurance

To be completed by the patient or his legal representative :

For the execution of the insurance contract, claims management, complaint management and possible dispute resolution, Europ Assistance Belgium processes your health data. This data can only be processed with your permission. If this is not available, the proper performance of the contract can be prevented.

I,..... (surname, first name) hereby give my explicit consent to Europ Assistance Belgium to process my health data (or those of the minor (surname, first name) of whom I am the legal representative) without intervention of the healthcare professional for the performance of the insurance contract, claims management, complaint management and possible dispute resolution.

Date & Signature:

Warning : Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or indemnities, submits an application or files a claim containing a false or deceptive statement, or conceals information for.

To be completed by attending doctor on the request of the insured/patient

Patient :
Address :

Date of birth :

1. Reason of cancellation: illness accident
2. Detailed description of the illness or accident giving the reason for cancellation :
.....
.....
3. Does the patient need to be hospitalized? Yes No
If so, from until
4. Date of first consultation :

Europ Assistance Belgium processes your medical data for the following reasons : execution of the insurance contract, claims management, complaints management and the settlement of legal disputes. These data can only be processed with your explicit consent. Any default of this consent prevents the good execution of the contract. I hereby consent to the processing of my medical data (or the medical data of the minor of whom I am the legal guardian), without the intervention of a medical practitioner, by Europ Assistance Belgium for the execution of the insurance contract, claims management, complaints management and the settlement of legal disputes.





5. Did you examine the patient in person? Yes No
6. Expected duration of treatment :
7. Prescribed medication :
8. Date at which you advised the insured traveler against going on the planned trip :
Why ?
9. Was the patient already under treatment for the same illness ? Yes No
If so, was the illness stabilized ? Yes No
If so, since when ?
10. If not, was the insured capable of undertaking the trip at the reservation date,..... /...../20..... ?
Comments :
11. In case of pregnancy, which is the expected date of birth :
12. Other comments :

Date :

Seal :

Signature :

