

Doctor's Report – Cancellation Charges-Insurance

Policy N° (please enclose copy)

Loss N°. (will be filled in by Allianz Global Assistance)

1. a) Case history with date of the first doctor's visit (in the case of pregnancy, the date pregnancy was diagnosed)

- b) Diagnoses upon which the inability to travel is based with the date of the diagnostic status (in the case of pregnancy, specify the expected due date)

- c) On what date did the patient inform you of the trip?

- d) On what date was the patient informed of their inability to travel?

- e) Was the patient CAPABLE OF TRAVELLING at the time of booking the trip

 Yes No

2. a) Was medicine prescribed?

 Yes No

If so, what was prescribed?

- b) Was further treatment or were follow-up examinations required?

 Yes No

If so, please provide dates.

- c) Was an operation performed?

 Yes No

If so, date of the operation or

Date set for the operation

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 so, where?

from

to

- b) Was the patient incapable of working?

%

 Yes No

If so, from/to/if not, reason there for.

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

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 did it first become apparent that the presence of the insured person was necessary with respect to the patient's health?

Place, Date

Doctor's signature and stamp
