

Notification of case

Legal Expenses for Patients or Legal Expenses while Abroad

As the insured person or their legal representative, please complete the form in full and send it to the address given on the last page.

Only then can we verify your entitlement to benefits.

Any questions? Our Client Service Centre will be happy to help on 0844 277 277. Thank you.

Client number

1 General information

1.1 Insured person

First name	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street, house number	Postcode/town	
<input type="text"/>	<input type="text"/>	

1.2 Contact

Private phone	Mobile phone	Business phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the best time to reach you?	Where?	Email
<input type="text"/>	<input type="checkbox"/> Private <input type="checkbox"/> Mobile <input type="checkbox"/> Business	<input type="text"/>
Contact person for questions		
<input type="text"/>		

1.3 Information about the insurance cover (to be completed by CSS)

CSS Versicherung AG:

- myFlex Outpatient Insurance and Health Insurance Livo Top incl. Legal Expenses Insurance for Patients (Orion PRS policy no. 1.248.851)
- myFlex Outpatient Insurance and Health Insurance Livo Top incl. Legal Expenses Insurance while Abroad (Orion ARS policy no. 1.248.852)
- Legal Expenses Insurance for Patients (Orion policy no. 1.262.223)
- Legal Expenses Insurance while Abroad as part of Travel Insurance (Orion policy no. 1.262.224)
- Legal Expenses Insurance for Patients ex INTRAS (Orion policy no. 1.245.965)
- Outpatient Insurance incl. Legal Expenses Insurance for Patients ex Sanagate (Orion PRS policy no. 1.262.225)
- Outpatient Insurance incl. Legal Expenses Insurance while Abroad ex Sanagate (Orion ARS policy no. 1.262.226)

1.4 Information about the claim

If the claim relates to **Legal Expenses Insurance for Patients**, please complete **sections 2, 4, 5 and 6**.

If the claim relates to **Legal Expenses Insurance while Abroad**, please complete **sections 3, 4, 5 and 6**.

2 Legal Expenses Insurance for Patients

2.1 Information about the service provider

Where were you treated? Hospital Practice Other

Name and address of the service provider (hospital, doctor, etc.)

First name	Surname	Phone
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Street, house number	Postcode/town
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Name of the person who, in your opinion, made the error in treatment/committed malpractice:

First name	Surname	Phone
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Street, house number	Postcode/town
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2.2 Information about the claim

When was the incorrect treatment carried out?

Date

In your opinion, what did the incorrect treatment/malpractice consist in?

Precise description

What health problems have you suffered since the treatment?

Precise description

Are you unable to work? Yes No

3 Legal Expenses Insurance while Abroad

3.1 What happened?

3.1.1 When did the event take place?

Date

3.1.2 Where did the event take place?

Place, country

3.1.3 What happened? (Please provide as full and accurate a description as possible of what happened, including sketches and photos)

(Please use another sheet of paper if you run out of space.)

3.1.4 What do you disagree with and what do you want to achieve?

[Empty text box for 3.1.4]

3.1.5 Against whom would you like legal support?

[Empty text box for 3.1.5]

3.2 Description of the damage suffered

3.2.1 Was anyone injured?

Yes No

If yes: who?

First name

Surname

[Text box for first name]

[Text box for surname]

Nature of injury

[Text box for nature of injury]

Attending professional/hospital

[Text box for attending professional/hospital]

Accident insurance with SUVA

Yes No

Other accident insurance

Name of insurance company

Policy no.

[Text box for insurance company name]

[Text box for policy number]

Health insurance

Name of health insurance company

Policy no.

[Text box for health insurance company name]

[Text box for health insurance policy number]

3.2.2 Was any property damaged?

Yes No

If yes: nature of damage/loss?

Precise description

[Large text box for precise description of damage]

Approximate amount of damage caused

CHF

[Text box for approximate amount of damage]

When and where can the damaged property be inspected?

Precise description

[Large text box for inspection details]

Insurance policies of your own which may be liable:

Name of insurance company

Policy no.

[Text box for insurance company name]

[Text box for policy number]

Name of insurance company

Policy no.

[Text box for insurance company name]

[Text box for policy number]

3.3 Traffic accident or breach of road traffic regulations

3.3.1 Information about the vehicle you were using:

First name of the registered user

Surname of the registered user

Street, house number

Postcode/town

Registration plate

Name and address of the liability insurance company of the vehicle used

3.3.2 If your vehicle was damaged:

Does it have fully comprehensive insurance cover?

Fully comprehensive

Partial cover

No

If yes:

Name and address of the company providing fully comprehensive insurance

Has the claim already been reported?

Yes

Claim no.

No

Has your vehicle already been repaired?

Yes (please enclose the invoice)

No

Has an expert opinion been sought?

Yes

No

If yes:

Name, address

3.3.3 Driver of the vehicle: (Only to be completed if not the same as the policyholder or registered user entered in section 1.)

First name

Surname

Street, house number

Postcode/town

Private phone

Mobile phone

Business phone

Email

3.3.4 Was the driver of your vehicle in possession of a valid driver's licence?

Yes

No

3.3.5 Was an accident statement form completed?

Yes

No

If yes, by whom?

Police

Drivers involved

Other

4 Documents and other evidence

- Contracts, correspondence relating to the case
Date on which the decision was communicated
- Official rulings/decisions
- Any appeals submitted against such rulings/decisions
- Accident statement
- Police report
- Medical certificate (in the event of work incapacity)
- Invoices from doctors and hospitals
- Photographs
- Repair bills, receipts and other documents relating to the damage suffered
- Copies of claims reported to other insurers (e.g. liability or fully comprehensive)
- Witnesses

Name, address

Other/enclosures

5 Additional information

Do you /does the insured person have further legal expenses insurance policies?

Yes No

Name of insurance company

Policy no.

Name of insurance company

Policy no.

6 Authorising signature

Orion Rechtsschutz-Versicherung AG, CSS Kranken-Versicherung AG and CSS Versicherung AG process the data disclosed to them by the undersigned person and which they obtain from third parties with the consent of the undersigned person to the extent necessary for handling claims. The undersigned person authorises the aforementioned insurers to inspect any documents required by the aforementioned insurers in dealing with this legal case, to share information if necessary, and to take any legal steps that they deem useful or necessary. Moreover, the undersigned person releases the relevant lawyers, doctors and medical advisors of the aforementioned insurers from their mutual obligation to maintain professional secrecy in connection with the reported case.

The privacy policy of CSS Versicherung AG at css.ch also applies.

Place

Date

Signature of the insured person or their legal representative

Address of the insurer:

CSS, Special Insurance Competence Centre, P.O. Box 2568, 6002 Lucerne