

Mail directly to:
International Health Insurance danmark a/s

8 Palaegade | DK-1261 Kopenhagen K.

Denmark

Tel: +45 33 15 30 99 | Fax: +45 33 32 25 60

CLAIM FORM

Name:		<u>Name of your broker:</u>
Person insured:		Swiss-Sure Co. Ltd. 11/F Lam Che Bldg. 18 Wing Lok St., Central Hong Kong S.A.R. China (P.R.C.) Tel: +852 2543 8428 Fax: +852 2541 8147 Email: info@swiss-sure.com.hk
Address:		
Address:		
Address:		
Zip code:		
City:		
County/area:		
Country:		

Policy no:	
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Name of doctor or institute	Invoice*			Currency	Paid (cash/ credit card)	Equivalent (currency)	Nature of complaint
	Number	Date	Amount				
Total amount claimed							

* to be attached. Please note that only original receipts/invoices will be accepted. No reimbursement with copies!

How do you wish settlement to be made?

- Cheque to home address
 Cheque to bank
 Bank transfer

Bank details (full name, address & account number): _____ _____ _____ Swift code or IBAN No: _____ Account No: _____ In name of: _____	In which currency would you like settlement? _____
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Patient's signature _____	Place and date _____
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