



Committed to Good

Medical Expenses Form

CONTACT INFORMATION

CLAIMS DEPARTMENT:

Tel: +356 2778 0016

Email: claims@tangiersinternational.com

POLICY NUMBER: SC1800636

START DATE: 13.07.2018

END DATE: 12.07.2019



CTG

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For questions not related, please type N/A in the text box.

MAIN APPLICANT

Full Name

Email Address

Phone Number(s)

ID / Passport No.:

Sex

Date of Birth

Male

Female

Country of Residence:

City

Address

Current Location

Additional Contact Details

Date of Occurrence

Country of Incident

For questions not related, please type N/A in the text box.

CLAIM INFORMATION

Please give full details of the circumstances leading up to your accident/illness/incident and full details of the injury/sickness/condition which occurred

If the accident happened as a result of a sport or physical activity, please tell us what activity/sport it was:

Where did the incident occur

When?

Where were you treated?

What was the name of the doctor who treated you?

Have you ever had or been treated for the same kind of illness or injury?

Yes No

Please provide full details

Did you contact our Tangiers International Assistance for advise?

Yes No

Date and time of first call

Reference No.

Name of person handling your case

For questions not related, please type N/A in the text box.

BANK DETAILS

Name of Claimant

Name of Payee

Bank Country:

Account Number

IBAN

Payment Purpose

Swift Code

⚠ We do not accept liability for any errors due to the incorrect bank details provided by you.

DECLARATION

Signature

Declaration Date

⚠ I verify that all information contained in this form is true, correct and complete to the best of my knowledge. I authorize any licensed doctor, practitioner of the healing arts, hospital, clinic, health related facility, pharmacy, government agency, insurance company, group policyholder, employee or benefit plan administrator having information as to the care, advice, treatment, diagnosis or prognosis of any physical or mental condition, or the financial or employment status of the person named below, to provide this information to Tangiers International. I understand that I have the right to receive a copy of this authorization upon request. A copy of this shall be as valid as the original. This authorization is valid for twelve months from the date signed.

I Acknowledge These Terms and Conditions

Certified



Corporation

Management



SM EN ISO 9001:2015
Reg. No. S072



CONTACT

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Member of the Tangiers Group

