CLAIM FORM

POLICY HOLDER: NACEL **( ) Personal accident** **( ) Illness**

First name: **Last name:**

Group code: **Nationality:**

Dates of stay:

Host family name and address:

Personal home address of the student:

PERSONAL ACCIDENT	ILLNESS
What kind of injury is the consequence of accident?	Diagnosis and symptoms of illness
When did the accident occurr?	When did you first notice the symptoms of illness?
How and where did the accident happen?	

SPECIFICATION OF COSTS (attach original bills/receipts with diagnosis)

Type of cost incurred	Amount of claim	Who has paid the bill?
TOTAL		

DATE: **SIGNATURE:**