



Globe Partner - Medical claim form

Complete this form and join the **original paid invoices**, copies of the prescriptions and full **medical report**, copy of your **passport** (identification + arrival stamp). The medical documents must always mention the patient's full name, the date of the medical treatment, the name, address and telephone number of the practitioner, the medical facility, the laboratory or the pharmacist. Simple receipts not providing all this information won't be sufficient (a detailed bill is required). Please, group your claims in order to avoid low amounts of reimbursements and make photocopies of all the documents before sending them to:

A.C.S. – Medical Service – To the attention of the Medical Advisor 153 Rue de l'Université 75007 Paris, France

Claims requests of less than € 500 can be sent by email to the attention of our Medical Adviser to: servicemedical@acs-ami.com

IMPORTANT: The insurer reserves the right to request ORIGINALS at any time for a period of 2 years.

Certificate number: G Date of birth : (DD/MM/YYYY)

Last name: Name:

Complete address:

Telephone: E-mail address:

(Country code + number, example: +33 1 23 45 67 89)

The received treatment is related to:

Accident: Circumstances (date, place, details):

Illness/ Diagnosis - Pathology and date (Example: Otitis 12th Sept):

Medical or surgical history in direct or indirect relation to the medical condition concerned:

Date of the first symptoms/signs: (DD/MM/YYYY)

Detail of the invoices related to medical expenses:

Date of treatment (DD/MM/YYYY)	Country	Currency settled amount	Treatment details
1.			
2.			
3.			
4.			
5.			

Comments:

En cas de remboursement je souhaite recevoir:

A wire transfer to a bank account in Euros (Indicate IBAN number and SWIFT or BIC code)

A wire transfer to a bank account in a foreign currency (please join an official document indicating the complete banking details and notably the SWIFT Code)

Please note that International bank transfers are subject to variable charges and available for a minimum reimbursement of 50 Euros

A wire transfer to a third-party account: also forward the account holder's passport copy and a written authorization from the insured stating that he/she agrees to receive the reimbursement on the third-party's account.