

# MSO CANCELLATION COMPENSATION REQUEST FORM

To be filled in, signed and returned to: [msoannulation@spb.eu](mailto:msoannulation@spb.eu)

Subscription number (please check on your certificate): 1001-000

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## GENERAL INFORMATION

Last name

First name(s)

Telephone number where you can be easily reached during the day:

Address:

Name of the sporting event:

Date of the sporting event:

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## EVENT

Date of occurrence:

Personal injury accident  Serious illness  Work constraints  Other

Other random event

Describe with as much detail as possible the circumstances of the event:

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## CONCURRENT COVERAGE

Have you already received compensation from another insurer for this incident?  Yes  No

Si YES: Name of the insurer

Insurance contract number

Amount of compensation received  CHF

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## SUPPORTING DOCUMENTS TO BE ATTACHED

- Bank account information (with n° BIC, n° IBAN et the name of the account owner) for transferring the compensation in case of accepted request
- A copy of MSO's invoice related to the coverage purchased
- Any medical document related to the illness or accident
- Any administrative document related to the insured event

I hereby declare that I have been informed:

- 1 That the insurer reserves the right to demand other supporting documents and even to mandate an expert or investigator to examine the circumstances of the incident described above and proceed with an evaluation of the amount of compensation;
- 2 That Article 441-7 of the Criminal Code punishes the filing and use of declarations reporting materially inaccurate events.

I hereby certify that the declarations above are true and accurate.

In :  Signature :

On :