



**STUDCORP**  
solutions étudiantes

Procedure and questionnaire

# WHAT TO DO IN THE EVENT OF A CLAIM?

[contact@studcorp.com](mailto:contact@studcorp.com)  
05 47 30 64 54  
[www.studcorp.com](http://www.studcorp.com)

# WHAT TO DO IN THE EVENT OF A CLAIM?

## NEED ASSISTANCE?

### Serious hospitalization, early return, repatriation

Please enter :

- Your surname(s) and first name(s)
- Your contact details (address, telephone number)
- Your membership number

Call the assistance center  
24/7 on :  
**+33 (0)1 55 98 71 63**  
quoting the contract number :  
7511

## REIMBURSEMENT OF MEDICAL EXPENSES?

### Report your claim within 48 hours and provide the following supporting documents:

- Policy no. 7511 coverage from 1st euro
- If you have declared that you hold a European Health Insurance Card: **7511**
- Copy of your student visa or internship agreement and your bank details
- Copy of your identity card
- Original detailed medical bills with proof of payment
- Medical prescriptions
- The medical questionnaire completed by the health professional, stamped, dated and signed (received at the time of subscription)
- Police report in the event of accident
- Hospital report in the event of hospitalization and/or emergency room visit (specifying the reason for your visit, current treatment and treatment to be followed)

#### For medical expenses

Scan invoices and declare your claim online in your STUDCORP customer area or at [sinistre@studcorp.com](mailto:sinistre@studcorp.com).

*Keep the originals in a safe place, as they may be requested in the event of an inspection by the insurer. Don't leave the hospital without the report, as it will be more difficult to obtain it afterwards.*

## OTHER POLICY COVERAGES (Baggage, Third-Party Liability, Personal Accident)

### Online declaration

- Have your membership number ready
- Declare :
  - Within 5 days for third-party liability and personal accident cover
  - Within 2 days in the event of theft

#### **Warning in the event of baggage theft:**

The Insured must lodge a complaint with the appropriate local authorities within 24 hours of the date of the loss. Only items declared and included in the complaint will be compensated.

Scan the invoices and declare your claim online in your STUDCORP customer area or at [sinistre@studcorp.com](mailto:sinistre@studcorp.com)

Keep the originals, as they may be requested they may be requested.

# MEDICAL FILE / FORMULARIO MÉDICO / QUESTIONNAIRE MÉDICAL

TO BE COMPLETED BY THE POLICY HOLDER / A COMPLETAR POR EL ASEGURADO À REMPLIR PAR L'ASSURÉ

First and Last Name / Nombre y apellidos / Nom et prénom : .....

Contract number / N° de afiliación / N° d'adhésion : .....

Date of Birth / Fecha de nacimiento / Date de naissance (d/j - m - y/a) : ..... / ..... / .....

TO BE COMPLETED BY THE DOCTOR / A COMPLETAR POR EL MÉDICO / À REMPLIR PAR LE MÉDECIN

1° Reason for consultation / Motivo de la consulta / Motif de la consultation : **Symptoms** / Síntomas / Symptômes

In case of an accident, please explain the circumstances

En caso de accidente, por favor explicar las circunstancias / En cas d'accident, préciser les circonstances :

Day of first symptoms / Fecha de los primeros síntomas / Date des premiers symptômes (d/j - m - y/a) :

..... / ..... / .....

Is this the first episode? / ¿Es la primera vez? / Est-ce le premier épisode ? .....

Any previous pathology associated with the symptoms? / ¿Existe alguna patología previa relacionada con los síntomas? / Y a-t-il des antécédents médicaux en lien avec les symptômes ?

2° Findings after medical examination / Resultados después del examen clínico / Résultats après examen clinique :

3° Clinical impression / Impresión diagnóstica / Impression diagnostique :

4° Prescribed tests or scans / Exámenes o análisis recetados / Examens ou analyses prescrits :

5° Confirmed diagnosis / Diagnóstico final / Diagnostic final :

6° Prescribed treatment / Tratamiento recetado / Traitement prescrit :

This information will be treated as private and confidential

DOCTOR'S STAMP / SELLO DEL MÉDICO / TAMPON DU MEDECIN:

DOCTOR'S SIGNATURE / FIRMA DEL MÉDICO / SIGNATURE DU MÉDECIN:

DATE / FECHA: