

In compliance with the law 196/2003, the information contained in this form will be used exclusively in order to guarantee the provision of benefits in favor of those entitled.



To be send to:
Aon S.p.A.
Via Cristoforo Colombo, 149
00147 ROMA

Aon S.p.A. - Employee Benefits Claims
Focal Point: Massimo Liotti
e-mail :massimo.liotti@aon.it
Telephone +39 06 77276 340 Fax +39 06 77400412

Claim form in case of Injury

General Information

Policyholder	Ministero degli Affari Esteri e della Cooperazione Internazionale
Insurance Company	Società Cattolica di Assicurazioni
Policy n.	2106.31.300607
Insured Subjects	Foreign scholars
Data, time of the event	

IDENTIFICATION OF THE INSURED

Name and Surname	
Fiscal Code	
Date and Place of birth	
Italian address of residence	
University/Institution of course of study - Town	
Email Address	
Description of the accident	
Name of any Witness	
Letter of grant assignation	Certification to be attached

DOCUMENTATION ENCLOSED

- Medical certificates on the course of injuries and/or E.R. certificate
- Final medical certificate and/or legal-medical examination (recovery)
- Copy of full medical records (in case of hospitalization)
- Copy of the driving license (if involved in a car accident as driver)

Having acknowledge the rights granted to the person as per D. Lgs. 196/2003 I consent to the processing of the data provided herein, aware that the execution of the requested services cannot take place without the communication of the personal data to Aon SpA, Società Cattolica di Assicurazioni, and other persons who are in charge of processing personal general and sensitive data, for the purposes and within the limits set forth in the law.

Data

Firm of the Insured