

## Additional questionnaire

as a supplement to the application resp. demand for an offer from: \_\_\_\_\_

(does not replace answering the health questions in the application resp. demand for an offer)

## Injuries

**Incorrect or incomplete information may entitle us - depending on fault - to withdraw from the contract, to terminate it or to adjust it, which can lead to the insurer being released from performance - even for insured events that have already occurred. Please also note the “Information of the Consequences of the Violation of the Disclosure Obligation” in the application.**

**We ask you not to send us any results or data of genetic examinations or analysis!  
You only have to inform us of already existing complaints, pre-existing conditions, no matter by which examination methods you have acquired this information.**

What was the medical doctor's diagnosis for the injury?

(e.g. skull base fracture, hip contusion, shoulder dislocation, whiplash injury, blood effusion = hematoma/bruise)

---

Cause of the injury?

---

Which body parts/organs were injured? (Please detailed information, e.g. left leg)

---

What examinations have been carried out?

---

Findings, examination results?

---

**Please provide us with a copy of the treatment and findings reports!**

What treatment methods/therapies have been performed so far?

medication therapy (drug therapy),  
name? - dosage? \_\_\_\_\_ from - to? \_\_\_\_\_

---

operation, surgery \_\_\_\_\_ when? \_\_\_\_\_

others, which ones? \_\_\_\_\_ from - to? \_\_\_\_\_

---

Has foreign material been used?  yes  no

Does this foreign material have to be removed again?  yes  no

Was inpatient treatment necessary?  yes  no

from - to? \_\_\_\_\_

**Please leave us a copy of the discharge report!**

When was your last treatment? \_\_\_\_\_

Are further diagnostic and/or  
therapeutic measures necessary,  
intended or recommended?  yes  no

If "yes", which ones?  
\_\_\_\_\_

Are there any complaints or health consequences now?  yes  no

If “yes”, which ones?

---

Who bears the costs for the health consequences of the injury?

other party to the accident  employer's liability insurance association  health insurance

another payer - who?

---

Which doctor can provide information? (Please provide name and address.)

---

---

Additional comments from the applicant or interested party:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Notice:** Please let us have the discharge, examination, treatment and findings reports available to you for a short time (if possible, a copy).

**Declaration**

The information provided on the questions has been answered correctly and completely to the best of our knowledge. I am solely responsible for the correctness of the information, even if I did not fill out the declaration myself. I have observed the information on the “Consequences of the Violation of the Disclosure Obligation” in the application.

Place/date

Signature of the applicant resp. interested party