REIMBURSEMENT FORMAT
EG ASSIST
INTERNATIONAL TRIP

Fecha: DD MM YYYY

Dear Customer: Before submitting this request, we would appreciate it if you carefully reviewed the specific conditions (conditions) of the assistance plan that supports your request, as well as the general conditions. If your claim is valid, please complete this form along with the supporting documents corresponding to the type of refund you are requesting, as indicated in the attached table "Supporting documents required for refunds".

Case number: _____
Number completed by EG ASSIST

City: .....

I request a refund for: .....

Medical Expenses	☐	Medications	☐	Transfers	☐
Lost Luggage	☐	Baggage Delay	☐	Death of the Beneficiary	☐

Traveler Information:

Full name of the Beneficiary:
.....

Identification Number:
.....

Type: C.C. | Passport | T.I. | C.E.

Email:
.....

Número de teléfono:
.....

City of residence:
.....

Residence address:
.....

Background of the case
(Briefly explain what happened, clarifying dates, symptoms, assistance received, etc.):

Trip start date: DD MM YYYY

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country of travel: _____ Date of attendance: ___ ___ ___ Requested value: _____ Currency type: _____

I authorize the money for this refund to be deposited into the following account: Savings: ☐ Current: ☐

Number: _____ Bank: .....

In the name of: ..... ID: _____

Currency received by the account: .....

By signing this application, I declare that I am aware of and accept that payment will be made in pesos at the exchange rate in effect on the date of filing. I also declare that I am aware of and accept the general terms and conditions governing the coverage of the Medical Assistance Card and accept that this application does not imply any commitment to reimbursement, which must comply with the provisions of the general terms and conditions. I personally declare that I have no further claims against EG ASSIST.

If the bank account belongs to a third party other than the account holder, these fields must be completed:

Details of the third party authorizing the receipt of the deposit:

Number: .....

Identification type: C.C | C.E | PA | TI Document number: .....

Contact number: ..... City of residence: .....

Data processing authorization signatures: (Must be signed by the data subject and the third party if applicable)

I authorize EG ASSIST to process my personal data, in accordance with Law 1581 of 2012, for the purpose of the requested disbursement. I have been informed about my rights as a data subject and about the data protection policy available at www.grupomok.com	I authorize EG ASSIST. to process my personal data within the framework of the due diligence process, in accordance with Law 1581 of 2012 and the provisions of its SAGRILAFT and PTEE systems. I have been informed about my rights of access, rectification, updating, and deletion, as well as about the data protection policy available at www.grupomok.com
SIGNATURE OF THE OWNER:	AUTHORIZED THIRD PARTY SIGNATURE:

SUPPORTING DOCUMENTS REQUIRED FOR REFUND

Dear customer, below is a list of the documents required by EG ASSIST to process your refund request. Please note that if any of the following documents are missing, the refund process cannot begin. The required documentation should be sent to the following email address: refunds@egassist.com

Documents	Medical expenses	Medications	Transfers	Lost luggage	Baggage delay	Death of the beneficiary
Copy of the passport showing the beneficiary's details and the dates of departure from the country.	☐	☐	☐	☐	☐	☐
Claim format.	☐	☐	☐	☐	☐	☐
Copy of Bank Certification or bank statements for the card.	☐	☐	☐	☐	☐	☐
Airline ticket with original invoices that meet the corresponding tax requirements.			☐			
Death certificate of the deceased. For transfers, this applies to funeral repatriation and early return due to the death of a family member.			☐			☐
Copy of the preliminary investigation report.						☐
Declaration of Beneficiaries.						☐
Documentation that proves family relationship.						☐
Medical history and/or epicirisis of the medical care received or documents containing data of the attending physician, contact telephone number, mechanism of injury, diagnosis, treatment and evolution.	☐	☐	☐			

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Documents	Medical expenses	Medications	Transfers	Lost luggage	Baggage delay	Death of the beneficiary
Medical studies and/or analyses.	☐		☐			
Medical prescriptions.		☐				
Copy original invoices with the corresponding tax requirements.	☐	☐				☐
Proof of payment of the penalty for changing the original flight.			☐			
Copy of the baggage delay loss receipt or report issued by the transport company (PIR).				☐	☐	
Baggage check ticket.				☐	☐	
Copy of proof or receipt of payment for compensation from the transport company.				☐		
Copies of invoices for expenses incurred on basic necessities (Hygiene and Clothing).					☐	

Observations:

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