



Care Concept AG • Postfach 30 02 62 • 53182 Bonn

ISPA e.V.

Am Herz-Jesu-Kloster 20
53229 Bonn

28.09.2023

Insurance certificate
Insurance-No: G10-23-155062-1012

Dear Sir, dear Madam,

hereby we confirm health, liability and accident insurance cover by HanseMerkur Reiseversicherung AG, tariff „Care Europe“, for the person listed below:

Last name:	First name:	d.o.b.:	Inception Date:	Term of insurance:
Li	Nengxin	23.04.1996	03.10.2023	31 days after entry

The insurance cover complies with the requirements of Regulation (EC) No 810/2009 of the European Parliament and the Council of the European Union by 07/13/2009 and is not limited to EUR 30,000.

Cover includes medically necessary repatriation, as well as out-patient and in-patient treatments.

The scope extends to the countries of the European Union and the member states of the Schengen Agreement.

Journeys before and after traveling to the above-mentioned countries are covered worldwide with the exception of the insured persons homeland, the USA, Canada and Mexico.

This confirmation is valid for for entries within a period of 6 months from the inception date.

This document is explicitly valid as a confirmation of health insurance for embassies, consulates or border stations.

In case of further questions please call our toll free service-number 0800 9773500 (German fixed-line network).

Kind Regards

Jörg Schmidt

Firma Care Concept AG
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Vorstand Jörg Schmidt
Aufsichtsrat Hans Geisberger (Vors.)
Handelsregister HRB 8470 • Amtsgericht Bonn
Gesellschaftssitz Bonn

To
 Care Concept AG
 P.O. Box 30 02 62
 53182 Bonn, Germany

Person insured: _____ Last name, first name: _____ D.O.B.: _____
 Certificate of insurance number: _____ (please quote in all correspondence)

In connection with registration of my indemnity claims, please find enclosed the following documents marked with a cross:

Details of why I am asking for a refund of the costs incurred:
 - e.g. date of falling ill / accident, type of illness, diagnoses - attach a separate sheet if necessary

- In the case of pregnancy: full copy of the pregnancy record
- In case of death: Copy of the death certificate
- Evidence of commencement of foreign stay (e.g. copy of immigration document, passport, ticket, etc.)
- Copies of documentary evidence of eligibility for insurance cover as required under terms and conditions (e.g. residence permit, au pair contract, etc.)
- In the case of foreign stay as an au pair, language student, etc. documentary evidence of course attendance
- Where a claim or claims have been registered with another insurer:
 Most recent invoice letter from the other insurer with which claim(s) have been registered
- Original invoices as below:

Ser. No.:	Issuer:	Invoice number:	Invoice date:	Amount:	Already paid on:

(If more space is needed, please use the reverse side)

The potential insurance benefits should be paid to (payments may only be made by bank transfer):	
Sort code:	
Account number:	
Bank:	
BIC / SWIFT code:	
IBAN:	
Account holder:	

 (Place, Date)

 (signature of the policy holder **or** the person insured)