

Refund requests

Postal address:

AutoVision GmbH
 caregroup | Auslandsservice
 Major-Hirst-Strasse 11
 D-38442 Wolfsburg
 Germany

E-Mail: auslandsservice@autovision-gmbh.com
 Telephone: +49 5361 8344-1188

In order for us to offer you a fast service, please be aware of the following:

- Refund requests must be received by us within **six months** (30.06.) of the end of the calendar year in which the service was provided or the invoice issued. Incidents that are received by us later than this cannot be taken into account.
- All invoices must be enclosed as **originals**. Copies, e-mails, faxes and credit-card receipts will not be recognised. Please make sure you take copies of any documents submitted for your own reference and for security, just in case these are required at a later date.
- A form that is **completed in full** will accelerate processing and the refund of your expenses. Please send this form, with your original documentation, to us at the address stated above or by internal post to AutoVision GmbH, A-DCCD/ARE, Brieffach 94512, Wolfsburg.

1. Employee details

Surname

Forename

Policy number

Date of birth

Telephone

E-Mail

Correspondence address

2. Payment details (The refund will be made to the main insured party or patient)

Payment in:

Invoice currency*

Euros

Other

Payment type:

Tip: The transfer will be made more quickly to a German bank account, and you will additionally save on possible fees. **Payments by cheque are not possible.**

Bank transfer to a German account

Bank transfer to a foreign account

Account holder

Name of bank

Address of bank

Account no.

Bank sort code

IBAN (EU only)

BIC/Swift (worldwide, 11-digit)

* Transfers are not possible in the following currencies: CNY/RMB, MYR, THB/TWD, TRY, CLP.

