DOCUMENT REGISTERED: ____ . ____ . _____

Position, name, surname, signature

COMPENSA
VIENNA INSURANCE GROUP

ACCIDENT INSURANCE REIMBURSEMENT APPLICATION

POLICYHOLDER

Name, surname / Name of employer _____ Policy No. _____

INSURED PERSON

Name, surname _____ Pers. code _____

Place of residence _____ LV- _____ Contact phone _____

DATE, TIME, PLACE OF THE INSURANCE INCIDENT

Date ____ . ____ . _____ Time ____ : ____ Place _____

NATURE OF THE INSURANCE INCIDENT

☐ Domestic injury ☐ Work injury ☐ Sports injury ☐ Injury in a traffic accident ☐ Death ☐ Other

DETAILED DESCRIPTION OF THE INSURANCE INCIDENT

FIRST AID MEASURES

Date ____ . ____ . _____ Medical institution _____

TREATMENT TIME

From ____ . ____ . _____ to ____ . ____ . _____, incl. in the hospital _____ days

ATTACHED DOCUMENTS

☐ A copy of the insurance policy ____ pcs. ☐ Hospital or medical certificate ____ pcs. ☐ Checks and receipts ____ pcs.

☐ X-ray and radiological examinations ____ pcs. ☐ Laboratory tests ____ pcs. ☐ Other documents ____ pcs.

OTHER QUESTIONS

Was the incident reported to the police?

☐ No ☐ Yes Name of authority _____

Name, surname of the insured family doctor _____

METHOD OF RECEIVING REIMBURSEMENT

☐ By transfer Bank name _____ IBAN account number _____

Name, surname of the account holder _____ Pers. code _____

(When choosing the Insurance reimbursement to be paid to the authorized person, a mandate must be submitted)

CONTACT INFORMATION

Tel. no. _____ E-mail _____ Name, surname, if not the Insured _____

☐ With my signature, I declare that all the information I have provided is true. If the information provided by me about the circumstances of the accident is misleading or false, or the instructions of the insurer are not followed, the insurance reimbursement may be reduced or denied. I certify that the permit for the Latvian branch of Compensa Vienna Insurance Group ADB, reg. No. 40103942087, Vienības gatve 87H, Riga, as controller and/or processor of personal data, to process my personal data, including special categories of personal data and personal identification (classification) codes, for the purpose of enforcing the insurance contract in accordance with Insurance Contract Law, Personal Data Processing Law and other regulatory enactments regulating personal data processing and insurance rights. Doctors and medical institutions approached bythe Latvian branch of Compensa Vienna Insurance Group ADB are authorized to provide it with the necessary information regarding my health condition and medical care.

Date ____ . ____ . _____ Name, surname _____ Signature _____