HEALTH INSURANCE

Application for indemnity

VIENNA INSURANCE GROUP

Applicant

Insured:

Name, surname: _____ Personal No: _____

Phone: _____ E-mail: _____

Card No: _____

Representative of the Insured (if the claim is submitted on behalf of the Insured):

Name, surname: _____ Personal No: _____

Phone: _____ E-mail: _____

The following documents related to the received insured service are enclosed with the claim

Quantity: _____ Total Amount (EUR): _____

To pay out the insurance indemnity by transfer

☐ To the Insured	Bank:
☐ To the authorised person*	Account No:

* When selecting to pay the insurance indemnity to the authorised person, a power of attorney certified by a notary must be submitted.

Additional Information

If original copies of the payment documents are enclosed with the claim, after making a decision, partly paid and non-paid payment document originals:

☐ should not be sent to me

☐ should be sent to me by post to the address of the Insured specified in the claim:

- ☐ a standard letter
- ☐ as a registered letter

If the scanned documents or copies thereof are enclosed with the insurance claim, I hereby undertake to keep the original copies of the enclosed documents during the entire validity period of the insurance contract and to immediately submit them upon request of BTA.

By signing hereunder I confirm that:

1. the information provided by me is true;
2. I will not request compensation from other institutions for the part of expenses compensated by BTA.

Applicant

Name, Surname: _____

Signature: _____

Date: _____