HEALTH INSURANCE

Application for indemnity

VIENNA INSURANCE GROUP

Applicant

Insured:

Name, surname: Jānis Nauduņš

Personal No: 310288-11111

Phone: 29555555

E-mail: janis.naudins@inbox.lv

Address:

Policyholder: AAS Pakavs

Card No: 123456

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

Name, surname:

Personal No:

Phone:

E-mail:

Address:

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

Service (Insurance Programme):	Payment Document:		Additional Documents:	
	Quantity	Total Amount	Type	Quantity
Outpatient, inpatient service	3	100.00	Extract from the institution	1
			Doctor's referral	1
			Other:	
Acquisition of medicinal products			Prescription or a copy thereof	
Acquisition of optical products			The part of the card with the label of optical products programme	
			Prescription or a copy thereof	
Dental services			Extract from the institution	
Sports exercises			Statement of the institution	
Health recovery at sanatorium			Extract from the institution	

If additional documents are required to make a decision regarding insurance indemnity payment, a BTA employee will contact you.

To pay out the insurance indemnity by transfer

☒ To the Insured

☐ To the authorised person*

Bank: Swedbanka

Account No: LV00HABA0000000000000

* 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;
3. I am aware that providing untruthful or deceptive information may result in rejection of granting insurance indemnity as well as that it entails criminal liability under Section 177 (fraud) or Section 178 (insurance fraud) of the Criminal Law;
4. I hereby authorize BTA to obtain any information about the health condition and medical aid received, should such information from the medical institution be required for assessment of the potential insured event reported to BTA and establish the size of insurance indemnity, as well as undertake to grant my consent, upon the first request of BTA, to the respective medical institution to release any abovementioned information to BTA, relieving the medical institution and the medic working for it from the non-disclosure obligation.

BTA informs that execution of the concluded insurance contract entails rights for BTA under the Personal Data Protection Law: in compliance with this Law, to process, incl. to obtain from registers and databases the personal data of the Insured, to include personal identification codes for the provision of insurance services and namely: for adjustment of the reported insurance risk occurrence, for decision making on regarding the insured risk occurrence an insured event, for insurance indemnity size estimation and insurance indemnity payment.

The submitting of this application will entitle BTA to process the sensitive data of the Insured, as insurance indemnity adjustment is not feasible without processing the sensitive data of the Insured.

☒ Hereby I grant my consent to BTA to process my personal data, incl. identification codes for conducting statistical, market and public opinion studies, analysis and reporting, as well as conducting customer surveys and for risk management purposes.

Applicant

Name, Surname: Jānis Nauduņš

Signature:

Date: 31.01.2018

Is filled in by BTA representative!

Received on:

Name, surname of the receiver:

Signature: