



Application No. _____

Case No. _____

Insurance indemnity application for persons entering the Republic of Latvia

APPLICANT

Name, surname _____ Identity code: _____

Address _____

Phone: _____ E-mail _____

INSURED PERSON (the injured insured person)

Policy No: _____ Valid from _____ to _____

Name, surname _____ Identity code: _____

Address in the country of residence _____

Address in the country of stay _____

Phone: _____ E-mail _____

INFORMATION ABOUT THE ACCIDENT

Date of the accident: _____, exact time: ____ : ____ .

Place of the accident: country, city _____

NATURE OF THE ACCIDENT☐ Disease ☐ Injury ☐ Dentistry ☐ Medical transport costs ☐ Repatriation☐ Other (indicate) _____**DESCRIPTION OF THE ACCIDENT** (In detail and in chronological order. Upon necessity attach on a separate page)**EMERGENCY MEDICAL ASSISTANCE**

Date: _____ time: ____ : ____ . Medical institution: _____

COSTS PAID BY THE INSURED PERSON

Amount _____

DOCUMENTS ATTACHED TO THE APPLICATION (mark with „X”)☐ Medical documents (originals) ☐ Receipts (number) _____☐ Invoices ☐ Death certificate☐ Other documents (type and number of documents) _____

**PLEASE PAY THE INSURANCE INDEMNITY BY BANK TRANSFER**

Recipient _____

Recipient's ID code / Reg. No: _____ Name of the bank: _____

Account No: _____

PLEASE ANNOUNCE THE DECISION ON THE INSURANCE INDEMNITY

- ☐ In writing to the following address: _____
- ☐ In writing to the following e-mail address: _____
- ☐ Verbally by calling to the following phone number: _____
- ☐ Via SMS to the following phone number: _____

PERSONAL DATA INFORMATION

IJSC "Baltijas Apdrošināšanas Nams" will process your personal data for the purpose of executing an insurance contract in accordance with the requirements of the regulatory enactments of the European Union and the Republic of Latvia regarding the protection of personal data. Additional information about the processing of personal data: www.ban.lv/en/privatuma-politika/.

Filled by the insured person:**Agreement on personal data processing:**☐ agree☐ disagree

with the processing of

☐

My

☐

My child's _____

/name, surname/

/personal identity No/

personal data, including special category (sensitive) personal data concerning health.

I allow IJSC "Baltijas Apdrošināšanas Nams" to receive personal data, including special category data and medical documentation (including information about diagnosis, history of disease and previous treatment, results of confirmatory examinations, received treatment and duration of treatment, prescribed and purchased medicines, etc.), from other legal or natural persons, including medical treatment institutions and medical practitioners, with a purpose to ensure the execution of an insurance contract and obtain information to ensure the extent of insurance protection.

! You have the right to disagree and not sign this form, but in this case, the insurer will not be able to provide insurance services and consider application for indemnity.

BY SIGNING THIS APPLICATION I CONFIRM**The aforementioned information is true.**

I am informed that in case of provision of false information IJSC "Baltijas Apdrošināšanas Nams" has the right not to pay an insurance indemnity and I may be held liable in accordance with the procedure prescribed in the regulatory enactments of the Republic of Latvia.

APPLICANT'S SIGNATURE AND APPLICATION DATE

Signature _____ Date: _____