

Generali Insurance JSC, Sofia 1504, 68 Knyaz AI. Dondukov Blvd., tel. 02/92 67 111; fax 02/92 67 112, e-mail: klienti.bg@generali.com; www.generali.bg The company is part of the Generali Group, listed under №26 in the register of insurance groups at the Institute for the Supervision of Insurance Companies (IVASS) in Italy.

Registration №

REQUEST	FOR	PAYMENT

From /name, surname and surname of the insure	d/beneficiary/							
The claim is made by a third party repres	opting							
The claim is made by a third party - repres	enting							
Personal Identification Number	phone	e-mail						
MAILING ADDRESS								
* the fields are required when claiming "Trave * citizenship	abroad Insurance with assistance" * country	<u>* place of birth</u>						
Date of event / treatment	Place of occurrence and treatment							
CAUSES AND CIRCUMSTANCES RELATED	TO THE INSURANCE EVENT							
		CLAIM SIZE:						
WITH THIS REQUEST I LAY CLAIM T								
-								
		TRAVEL ASSISTANCE						
	Outpatient care	Emergency dental care						
Permanent disability	☐ Inpatient care ☐ Reimbursement of co							
Temporary disability								
Diagnosis of a critical illness		Repatriation of mortal remains Vigiting begained abroad						
Daily money for hospital stay	Dental care	Visiting hospitalized abroad						
Reimbursement of medical expenses	☐ Alternative treatment							
Dental treatment		Repatriation of children						
Fractures / burns		Hospital accommodation in a private room /						
Costs for rescue operations		Daily money for hospital stay						
Medical transport / repatriation costs		Legal assistance						
Funeral expenses								
Other	_	General civil liability						
		Cancellation of flight / Luggage loss						
		Other						
I attach the following documents	_							
Insurance policy		Birth certificate /for minors/						
Letter of authorization	_	Declaration by parent						
Death Notice / Death Certificate		Sick note issued by general practitioner/						
Certificate of inheritance – original		medical consultation committee						
Declaration of Accident at Work under a		Ambulatory sheet / Medical direction / Epicrisis						
of the Social security code		Medical test result						
Expert decision of TEMC / NEMC		Prescription Form						
Accident Report		Application for selection of a team / sticker from a medical device						
☐ Forensic expertise / Medical certificate		Originals of fiscal documents Other						

I am informed that I should submit further the following documents _

The amount due should be paid into the following bank account						
Bank	IBAN	ВІС	currency			
Account holder		Personal number				
By signing this form, I declare the	at:					

by signing this torm, redecate that. I am familiar with the General and Special Terms and Conditions applicable to the insurance contract I am familiar with the Instructions for using the insurance provided to me by the Insurer at the conclusion of the contrac I have been informed that Generali Insurance JSC has the right of access to information held by the Ministry of Interior, investigative bodies, other state bodies, personal physician and health institutions, as well as certified copies of documents, in cases where this is necessary to determine the merits and amount of compensation due.

I have I have not received compensation or sums from third parties, incl. other insurers for the event claimed with this request;

I have I don't have valid insurance for the same coverage with another insurer; I own I do not own a EHIC

The applicant declares that he/she 🗌 did receive 🗌 did not receive in due time, before submitting this "Request for payment", the information under Art. 13 of the General Data Protection Regulation (EU) 2016/679.

Claim submitted by		Claim accepted by:			
city	date	signature	city	date	signature