ERGO

Application for accident insurance indemnity

POLICY NO.

1. INFORMATION ON INSURANCE EVENT

Date of accident [ ] . [ ] . [   ]   at [ ] : [ ]

Location

(country, populated area)

Applied to the police ☐ Yes ☐ No

Name of the law enforcement authority

Description of an accident

When was first aid provided [ ] . [ ] . [   ]

Where was the first aid provided?

2. INFORMATION ON THE INSURANCE CONTRACT

Policyholder

(name, surname / legal entity name)

Personal ID / Registration No

Insured person

(name, surname)

personal ID No.

Address

(street, house number, city, postal code)

Phone

Email address

3. DOCUMENTS ATTACHED:

☐ doctor's statement [   ] results of diagnostic examinations - X-ray, CT, MR (number) [   ] sick-leave certificate (number)

☐ other

4. DETAILS

Transfer the insurance indemnity to a bank account

Currency

Bank name and SWIFT/BIC code (to be filled in if the transfer is made outside Latvia)

Account owner

personal ID No.

5. CERTIFICATE

By filling in and signing the application for indemnity, I certify that:

1. I have read the ERGO Life Insurance SE Latvian branch's (hereinafter referred to as - the Insurer) Privacy Policy for the Processing of Personal Data published on the Insurer's website https://www.ergo.lv/lv/par--ergo/privatuma-politika, and it is also made available at the Insurer's sales points;

2. by filling in this application on behalf of another person, I have received permission from this person to transfer his or her personal data to the Insurer for the processing of personal data for the performance of obligations arising from the insurance contract;

3. I am informed that the Insurer is entitled to process my data, including requesting and receiving any medical information about the Insured's health condition, illnesses and injuries (including medical history, examination results, radiographs and other documents), being at the disposal of medical treatment institutions/persons, ascertaining the circumstances of the insured event and making a decision on the indemnity in the case;

4. the information provided in the application is true and I agree that by providing false or misleading information, the Insurer has the right not to pay or reduce the insurance indemnity and I can be held liable in accordance with the laws and regulations of the Republic of Latvia.

Name, surname of the applicant

personal ID No

I agree that ERGO will send information related to the indemnity case by e-mail ☐ Yes ☐ No

Date [ ] . [ ] . [   ]

Signature

A signature is not required if the document is submitted by using the self-service portal www.mansergo.lv

To be completed by the insurance representative

Total payment, EUR

Date [ ] . [ ] . [   ]

Signature

The application was accepted, name, surname

Date [ ] . [ ] . [   ]