Annex No. _____

Application for health insurance claim

ERGO

ERGO Life Insurance SE Latvijas filiāle
Reģ.Nr.40103336441, Skanstes iela 50, Rīga, LV-1013

INFORMATION ON THE INSURED PERSON

Name, surname _____ Phone _____

Personal identity number/ID number _____ Insurance card or policy No. _____

E-mail address _____ Policyholder (Company/employer) _____

The actual address of the place of residence _____ LV- _____

INSURANCE CASE (please mark received service and indicate number of submitted documents)

☐ Outpatient treatment _____ (number of doc.)
☐ Pregnancy care, childbirth _____ (number of doc.)
☐ Dentistry _____ (number of doc.)
☐ Vaccination _____ (number of doc.)
☐ Inpatient treatment _____ (number of doc.)
☐ Outpatient rehabilitation (massage, recreative gymnastics) _____ (number of doc.)
☐ Acquisition of optics _____ (number of doc.)
☐ Mandatory health check _____ (number of doc.)
☐ Acquisition of medicinal products _____ (number of doc.)
☐ Rehabilitation in sanatorium _____ (number of doc.)
☐ Sports _____ (number of doc.)
☐ Other _____ (number of doc.)

Total amount of the expenses EUR _____ _____ (amount in words)

Serious/Critical Illness insurance

☐ Outpatient treatment _____ (number of doc.)
☐ Inpatient treatment _____ (number of doc.)
☐ Medicinal products _____ (number of doc.)
☐ Rehabilitation in sanatorium _____ (number of doc.)

Total amount of the expenses EUR _____ _____ (amount in words)

Travel insurance

☐ Medical expenses _____ (number of doc.)

Accident insurance

☐ Invalidity _____ (number of doc.)
☐ Death _____ (number of doc.)

SHORT DESCRIPTION ON CONDITIONS RESULTING IN INSURANCE CASE

(chronic disease, diagnosis, household trauma, occupational injury, road accident, sports injury etc.)

_____

_____

_____

PLEASE PAY INSURANCE COMPENSATION BY TRANSFER

(In case other person is authorized for receiving compensation, application must be supplemented with written power of attorney)

To my bank account:

Account No _____ Bank _____

Name, surname of account holder _____ Personal identity number _____

To the trust's bank account (according to the power of attorney attached to the application form)

Account No _____ Bank _____

☐ **By completing and sending the claim for indemnification, I certify that:**

1. the above data is my personal data, and I shall not make any claims to the Insurer by choosing to complete and submit this application to the Insurer if, in the case of doubt as to the identity of the person completing this application or correctness of other information, the Insurer requests additional information or actions taken by me for the confirmation or specification of the information specified in the application;
2. I have read the Insurer's 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;
3. I am aware that the Insurer is entitled to process my health data by requesting and receiving information and documents from the medical institutions and other persons for the purpose of clarifying the circumstances of the insured event and making a decision on indemnification claims;
4. the above information is true, and I understand that by providing false or misleading information, the Insurer has the right not to pay the insurance indemnity, terminate the insurance contract and I can be held liable in accordance with the procedure prescribed by the laws and regulations of the Republic of Latvia;
5. I shall not claim any compensation from other institutions for the part of the expenses reimbursed by the Insurer, as well as shall keep the originals of the documents certifying the payments made to me for 3 (three) years and present them to the Insurer immediately upon request.

I agree that ERGO will send all information related to the compensation case to an e-mail ☐ Yes ☐ No

Date of submission of the application _____ Signature _____

FILLED BY INSURER'S EMPLOYEES

Insurance case No. _____

_____

_____

Total payment LVL _____ Date _____ Signature _____