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|------------|-------|
| Incoming № | ..... |
| Date       | ..... |

### Claim Form for Indemnity Payment under Hotel Guests Insurance № .....

Name.....PIN/ID: .....  
(First name, Middle name, Family name)

Correspondence address: .....

Telephone/Mobile: .....e-mail: .....

In its capacity as:  Insured person  Beneficiary  
 Legal representative of the Insured person  Other

Insured: .....PIN/ID: .....  
(First name, Middle name, Family name)

Correspondence address: .....

Contact details: Telephone/Mobile: ..... e-mail: .....

Insurance policy № : ....., in force as of: .....

Date and place of the insurance event:.....20....., Time/Hour :..... Location:.....  
( At hotel, during trip, transfer to/from)

Description of the event:  
.....  
.....  
.....

I present the following documents:  
.....  
.....  
.....

**Based on the terms of the insurance contract, I hereby claim a reimbursement of expenses at the amount of:..... BGN**

I declare that I want the approved amount to be paid to my bank account:

IBAN: ....., BANK NAME.....

\* I have been informed that I must provide my personal bank account and that I am entitled to receive insurance compensation in person.

In case the provided bank account is held by another person, I declare that he/she is:

Account Holder: .....

I declare that I would like all further correspondence concerning the present claim to be send at the contact details given above and to be held via chosen by the Insurer correspondence channel. By providing a mobile phone number and email address, I agree to receive text messages regarding the review of my claim for reimbursement of expenses.

**I, the undersigned Insured/ the Legal Representative of the Insured, declare that:**

1. I have been informed that the personal data I provide (including that of the other persons insured) are processed by Bulgaria Insurance AD, in its capacity of a personal data controller, under the current legislation and I am aware, as well as the other insured persons with the Privacy Notice under Art. 13 and Art. 14 of Regulation (EU) 2016/679, published on www.bulgariainsurance.bg and available in its offices.
2. I agree and give my explicit consent that Bulgaria Insurance AD may process for the purposes of the insurance contract the personal data provided by me or minors of age insured persons.
3. No other claim has been lodged regarding the above stated insurance event and no insurance compensation has been paid to me by other Insurers or institutions.
4. I have been notified, that according to Art. 108, para. 1 of the Insurance Code, the Insurer will make a decision within 15 working days, from the date of submission of the last required document.

Date: ..... Signature: .....