BULGARIA Insurance

Incoming №	
Date	

Claim Form

for Reimbursement of Expenses under Medical Insurance for Foreign Citizens № .....

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....., City/Village.....

Description and place of the event:
.....
.....
.....
.....
.....

I present the following documents: (please mark with "x"):

□ Epicrisis
□ X-ray ..... pcs.
□ Ambulatory sheet ..... pcs.
□ Result
□ Original invoices for the expenses, accompanied by a fiscal receipt ..... pcs.
□ Other .....
□ Death Notice
□ Death certificate extract
□ Protocol of Findings / RTA protocol
□ Lab results from Blood Alcohol Test

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 of 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: .....