

Incoming No	
Date	

CLAIM FORM
for expense reimbursement under Policy №

From Insured person / Legal representative of the Insured person /Heir:

.....

Address:.....

Tel./Fax

e-mail:

Date and place of the insurance event:20, Location (City /Village).....

Please provide details of the insurance event:

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Place of the insurance event:

I present the following documents (for example Invoice, X-ray, Epicrisis (in case of hospital treatment), etc.):

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Based on the Terms of the insurance contract, I would like to receive an expense reimbursement at the amount of to be transferred to

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to a bank account:

IBAN №

Bank name BIC.....

I hereby agree all further correspondence concerning the present claim to be held via:

Letter to the correspondence address listed;

Mail on the specified e-mail address;

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

1. I have been informed that the personal data provided by me and those of the persons whose legal representative I am, are processed by ZK Bulgaria Insurance AD in its capacity of personal data administrator. I am familiar with the Privacy Notice under Art. 13 and Art. 14 of Regulation (EU) 2016/679, published on the Company's website www.bulgariainsurance.bg and available in its offices;

2. 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.

3. I've 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: г.

Signature: