

**D E C L A R A T I O N**  
**to Claim form for expense reimbursement up to 100 (one hundred) BGN**  
**under Policy № .....**

The undersigned ..... ,  
(name, surname)  
Personal Identification Number/Date of Birth ..... ,  
insured person under an insurance policy №.....,

**I D E C L A R E, T H A T:**

1. The attached relevant supporting documents to the present Claim form for reimbursement of expenses under ..... Insurance have been submitted by me personally, as a claimant for reimbursement of expenses.
2. The documents submitted by me have been issued by the competent persons/ authorities and the circumstances in them have occurred in the form and manner specified therein.
3. I am not insured with another Insurer other than Bulgaria Insurance AD and I have not another insurance coverage of the same risk in another insurance company.
4. The documents certifying the expenses I incur and for which I enclose scanned copies of payment documents, will be claimed by me for reimbursement only in front Bulgaria Insurance AD.
5. I possess the originals of the submitted payment documents and shall keep them as I remain in readiness, at any moment, to submit them to the Insurer on paper in original, upon his request.

**Please find herewith attached:**

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

**I am aware of the criminal liability under Art. 313 of the Criminal Code for declaring incorrect data.**

Date: .....

**DECLARER:** .....  
(signature and full name in handwriting)