

Data of the insured consumer:

Name, surname _____

Day/month/year of birth _____ Personal ID _____

email _____ Contact number _____

Number of the Insurance Policy _____ Insurance Period from _____ to _____

Insurance/project corporate _____

other _____

Name of the organization, the consumer is insured from _____

The applying consumer and the insured consumer are one and the same individual

Data of applying consumer:

Name, surname/name of the organization _____ Personal ID _____

Contract number _____ email _____

Contact with the insured consumer _____

letter of guarantee indemnification other _____

Type of represented/provided medical service ambulatory medicines other _____

stomatology hospitalization _____

Has your Insurance Event/claim been reviewed? yes no

Please, formulate your request _____

Please mark only one option of receiving an answer:

Receive via e-mail;

Receive in company's service-center.

Please mark only one option of receiving an answer in case if your demand is supplied:

I agree to receive an answer via e-mail;

I agree to receive an answer in company's service-center.

Signature of the insured/applying consumer _____ Date _____