

Nature of the injury

Other involved person Yes () No () If yes, please indicate the complete address, phones, emails....

Police or emergency unit report Yes () No () if yes, please enclose the report

Important: Direct settlement may only be given to a hospital, in case of hospitalisation. The prior approval is compulsory for the reimbursement of certain services as mentioned in the general insurance conditions.

OTHERS

Date of the event

Place of event

Circumstances

Nature of the event

CONFIRMATION

All documents provided must be translated into English at the insured's own expenses. The insurer reserves the right to refuse refunds if the required documents are not translated.

I confirm that I attached all as indications below (all must be ticked to be reimbursed)

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Detailed invoice or invoice with medical report | <input type="checkbox"/> Proof of payment (bank, cash, credit card receipt) |
| <input type="checkbox"/> Physician prescription(s) | <input type="checkbox"/> Diagnostic of the illness or accident |
| <input type="checkbox"/> Bank holder and bank name complete details | <input type="checkbox"/> Claim form completed |

Date

Signature

IMPORTANT INFORMATION

In order to get refunded as quickly as possible, send us all the necessary documents stated above. Each new event in case of sickness or accident needs a separate claim form.

Complete bank details are required. Bank name or holder without full address can block the transaction(s).

To avoid high bank fees, we suggest that you collect your invoices for reimbursement and send it together with the claim form to our claims management.

ADDRESS FOR SENDING CLAIM FORM

By scan : personu.atlidzibas@gjensidige.lv

By postal mail at the following correspondence address :

Claims Department

Information Gjensidige, Gustava Zemgala gatve 74A, Riga, Latvia.

(the company reserves the right to request originals)

In case of emergency, hospital admission or pre-approvals, please contact :

**Assistance Service in case Emergency happened outside Latvia UAB OPS LT, +370 52790860 (24/7),
gjensidige@ops24.eu, in case Emergency happened inside Latvia: +371 67112222**

