

Claim form application

Please provide us with the information requested below

1. INFORMATION OF THE INSURED PERSON	
Policy holder (individual or organization)	
First name, Last name	
Date of birth	
Passport details (full number, date of issue, issued by)	
Insurance card ID	
Residence address	
Phone numbers	
Email address	
2. INSURANCE CASE	
Date of accident	
Short description of the case:	
3. THE INDEMNITY IS PAYABLE BY	
Bank transfer (please indicate bank details of the Insured person mentioned under the point 1 of this Application)	
▪ Bank, Account number	_____
▪ Account holder's	_____
4. DECLARATION	
<p>Hereby I confirm that the information on the application form is true. I am warned that, if I provide false or misleading information, use fraudulent means when filing a claim, the Insurer has the right to reject the claim and terminate the insurance contract.</p> <p>Hereby I grant the medical institutions, to provide to "SIL INSURANCE" ICJSC any information in regards to my diagnosis and treatment, for the purposes of resolving and adjusting my claim.</p>	
<p>Applicant: _____ (First name, Last name)</p> <p>_____ (Signature) ____/____/____ (date of completion)</p>	<p>If the applicant is not the Insured, please indicate the relationship with the Insured:</p> <p>Parent _____</p> <p>Spouse _____</p> <p>Other (please indicate) _____</p>