

Policy Number: 4540017367**Insurer**

Inter Partner Assistance S.A. a company seated in Brussels and operating in Poland through Inter Partner Assistance S.A. Branch in Poland, seated in Warsaw, ul. Geldowa 1, 01-211 Warszawa, entered into the Register of Entrepreneurs kept by the District Court for the Capital City of Warsaw, 12th Commercial Department of the National Court Register, under number KRS 0000320749, holding NIP number (tax identification number) 108-00-06-955

Policyholder

Name and surname: Navin Ajit Dhote
Street and number of house: KRASLAVAS IELA 30 ,FLAT 125/ 5TH FLOOR
Postcode: LV-1003
Municipality: Riga
Country: Latvia

Date of birth: 23 April 1990
Email address: navin.dhote214@gmail.com

Insured

Name and surname: Navin Ajit Dhote
Date of birth: 23 April 1990
Passport number: U9921954

Country of residence: India
Student: ☐ Yes ☒ No

Insurance

Territorial validity:

SCHENGEN AREA and EUROPEAN UNION and Albania, Andorra, Belarus, Bosnia and Herzegovina, Moldova, Monaco, Montenegro, North Macedonia, San Marino, Serbia, Ukraine, Vatican City, United Kingdom of Great Britain and Northern Ireland

Medical insurance upper limit: 60 000 EUR
Civil liability insurance: ☐ Yes ☒ No
Baggage insurance: ☐ Yes ☒ No

Variant of insurance: Basic
Beginning of insurance: 17 January 2023
End of insurance: 16 March 2023

Insurance covers tourist, work and study stays.

Insurance premium

Total insurance premium: €38.00
Actual validity of the insurance can be verified at <https://europe-insurance.eu/verify>

Status: **Paid**

Statement

The insurance contract confirmed by this insurance policy was concluded on the basis of the General Terms and Conditions of travel medical insurance "Europe Insurance" approved on 05.05.2022 by the General Manager of Inter Partner Assistance SA Branch in Poland with No. 27/2022. The General Conditions was served to Policyholder. The General Conditions are an integral part of the insurance contract. All disputes resulting from or related to this insurance contract shall be settled by a competent court of general jurisdiction, or by a court relevant for the place of residence or the business seat of the Policyholder, the Insured or the Entitled under the insurance contract; and in case of claims pursued by a heir of the Insured or a heir of the Entitled under the insurance contract, by a court relevant for the place of residence of the heir of the Insured or the heir of the Entitled under the insurance contract.

The Policyholder confirms that:

- 1) The data contained in this policy is true and comply with my best knowledge.
- 2) Before concluding the insurance contract I received the General Terms and Conditions of Insurance and undertakes to familiarize all insured persons with their content.
- 3) Before the conclusion of the insurance contract, I received information resulting from the Regulation of the European Parliament and Council 2016/679 of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (general regulation on data protection) (Journal of Laws of the EU, No. L. of 2016 No. 119, page 1) and undertakes to familiarize all insured persons with their content.
- 4) This insurance contract is compatible with my insurance needs and requirements.
- 5) I agree to the Insurer's processing of data regarding health condition, addictions, medical history, provided in the application and any other letters related to the conclusion and implementation of the insurance contract requested.
- 6) The insurer informed me that in the event of a claim for the provision of medical services under the insurance contract, the Insurer may request the delivery of medical documentation, further consent and submission of statements necessary to determine the Insurer's liability and scope of benefits. In particular, the Insurer may request further consents for:
 - a) submission of the statement referred to in art. 38 of the Act of 11 September 2015 on insurance and reinsurance activities (regarding obtaining information and documentation from doctors and medical facilities),
 - b) obtaining information from the National Health Fund,
 - c) obtaining information from other insurers.

The insurance policy is concluded

Date: 21 October 2022

Hour: 08:08:00

Signature of the insurer's representative

Jan Čupa
General Director



Inter Partner Assistance S.A. Branch Office in Poland

The brand AXA Assistance is property of AXA Assistance Group, which is represented in Poland by: Inter Partner Assistance S.A. - a company seated in Warsaw, ul. Geldowa 1, 01-211 Warszawa, entered into in the Register of Entrepreneurs kept by the District Court for the Capital City of Warsaw, 12th Commercial Department of the National Court Register, under number KRS 0000060063, holding NIP number (tax identification number) 525-15-73-813, whose share capital amounts to PLN 2,000,000 (paid up in full).

24h Emergency Contact Centre
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