HASIČSKÁ VZÁJEMNÁ POJIŠŤOVNA, a.s.

HASIČSKÁ VZÁJEMNÁ POJIŠŤOVNA, a.s., Department of Adjustment,
ímská 2135/45, 120 00 Praha 2, Company Number: 46973451, tel.: 222 119 125, e-mail: skody@hvp.cz
entered in the Commercial Register maintained at the Municipal Court in Prague, file B 2742

date and time of delivery to HVP a.s., signature	*claim number*	*archive number*

INSURANCE CLAIM REPORT - HEALTH INSURANCE FOR FOREIGN NATIONALS

If you want to exercise your right to indemnity from an insurance contract, fill out this questionnaire and send it to the insurance company. If there is not enough space, attach another sheet.

Insurance contract number: ..... **Vithout providing the number of the insurance contract, your claim cannot be settlec**

Contract valid from: ..... to: .....

THE INSURED

First name: ..... Surname: .....

Address: ..... Postcode: .....

Date of birth: ..... Sex: ..... Passport number: .....

Telephone: ..... E-mail: .....

LEGAL REPRESENTATIVE / GUARDIAN:

First name: ..... Surname: .....

Address: ..... Postcode: .....

Date of birth: ..... Sex: ..... Passport number: .....

Telephone: ..... E-mail: .....

INSURED EVENT

Date of insured event (day, month, year): ..... time .....

Place of insured event (including country): .....

Description of how the insured event occurred, type of injury / how the illness manifested itself:

.....

.....

.....

Diagnosis: .....

Have you already been treated for that illness? YES ☐ NO ☐

Name and address of the healthcare facility where this treatment was provided:

.....

I am sending the following documents in relation to the insured event:

Medical report: YES ☐ NO ☐ Proof of payment: YES ☐ NO ☐

Prescription for medication: YES ☐ NO ☐ Proof of payment: YES ☐ NO ☐

Did you contact the assistance service: YES ☐ NO ☐

INDEMNITY

send to: Account: ..... Variable code (VS)/Specific code (SS): .....

Address in the Czech Republic: .....

The Insured gives the Insurer consent to request and obtain data on his/her state of health and to identify and cross-check state of health or causes of death if there are reasons for this in relation to the adjustment of the insured event. The Insurer may obtain such data, in particular, from any person, health service provider, or health insurance company, even after the death of the Insured. The Insurer may also conduct such examination on the basis of reports and medical documentation requested by the person operating a healthcare facility authorised by the Insurer, from attending doctors, and, if necessary, with an inspection or examination carried out by a healthcare facility.

The Insured releases any health service provider from confidentiality in relation to the Insurer. The health service provider may provide the Insurer with data and provide it with documents to the extent that the Insurer is authorised to request such data or documents according to the preceding paragraph. The health service provider may also provide the Insurer with such information that is not communicated to the patient (e.g. information that is not communicated to a patient whose state of health means that he/she is not able to comprehend such information).

Done in ..... on: ..... Signature: .....