ИНГОАРМЕНИЯ Ingo Armenia

Traveler's assistance insurance claim application form

Claim number: ____________

Please provide us with the information requested below.

1. INFORMATION OF THE INSURED PERSON		
Insured		Policy number
First name, Last name		
Insurance card ID		
Full passport details (number, date of issue, Issued by)		
Date of birth		
Residence address		
Telephone numbers		
E-mail address		

2. INSURANCE CASE			
Place of accident happened			
Date of accident happened			
Amount presented to insurance company			
Short description of the case			
Have you contacted service center / Express Assist	☐ No	☐ Before seeing a doctor _____/_________/________թ.	☐ After seeing a doctor _____/_________/________թ.

3. THE INDEMNITY IS PAYABLE BY

☐ According to Passport details transfer to the current bank account

☐ Ararat Bank ____

(Please indicate Full passport details (number, date of issue, who has provided) of the recipient)

☐ Other ____________________________

(Please indicate Bank, branch / Address)

☐ Bank transfer (please indicate bank details of the Insured person mentioned under the point 1 of this Application)*

- Bank/ Account number ____________________________
- Account holder's name ____________________________

DECLARATION

Hereby I confirm that all the documents and information inclusive of any annexes provided with this Application is complete, correct, accurate and true and all annexes attached to it. I understand that any provision of false or obviously incorrect information may lead to application rejection, whereas provision of false information and/or documents will lead to liability envisaged by the law.

I hereby grant the medical institutions, to provide any and all necessary documentation to "INGO ARMENIA" ICJSC in regards to my treatment and diagnosis, for the purposes of resolving and adjusting my claim.

Date	Applicant (first name, last name) / Signature /	If the applicant is not the Insured, please indicate the relationship with the Insured.
		☐ Spouse ☐ Parent ☐ Other (please indicate) ____________

* Please note that if other person's bank details are indicated, this Application should be signed by the person, whom the claim refers to.