

Claim number: \_\_\_\_\_

**Please provide us with the information requested below**

1. INFORMATION OF THE INSURED PERSON	
Policy holder <i>(individual or organization)</i>	Policy number
First name, Last name	
Date of birth	
Passport details <i>(full number, date of issue, issued by)</i>	
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	
<input type="checkbox"/> Cache: transfer to the transit bank account using my passport details: <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Armeconombank _____ <i>(Recipient's full name, passport details: full number, date of issue, issued by)</i></li> <li>• <input type="checkbox"/> Other _____ <i>(Please indicate Bank, branch / Address)</i></li> </ul>	
<input type="checkbox"/> Bank transfer (please indicate bank details of the Insured person mentioned under the point 1 of this Application)* <ul style="list-style-type: none"> <li>▪ Bank, Account number _____</li> <li>▪ Account holder's name _____</li> </ul>	
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>	
Applicant: _____ <i>(First name, Last name)</i>  _____ <i>(Signature)</i>	_____ <i>(date of completion)</i>  If the applicant is not the Insured, please indicate the relationship with the Insured: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> 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.