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### **DOCUMENTS**

# for insurance compensation

#### Accident Insurance

- 1. Claim report
- 2. Original policy of Comprehensive Travel Insurance Abroad signed by the Insured Person: page with insured person's name.
- 3. Copies of the following documents:
  - National passport (all pages). If the insured person is a child a copy of the passport of mother or father, the one who submit the claim. Copies of the passport pages should be certified the owner's handwritten signature, indicating the full name (Surname, given name, patronymic), have dates of certification and the inscription "True to the original".
  - ✓ Foreign passports (pages with a photo, visa and marks of entrance/departure from the country of insured accident). If the insured person is infant a copy of the passport of the father or mother, where the infant is noted.
  - ✓ Applicant's identification code certificate. Copy should be certified the owner's handwritten signature, indicating the full name (Surname, given name, patronymic), have dates of certification and the inscription "True to the original".
  - ✓ Birth certificate, in case if the insured person is a child, where one of the parents (the applicant) is named. If the child is adopted a copy of the certificate of adoption or guardianship. A copy should be certified by one of the parents who is applying for payment, indicating the full name (Surname, given name, patronymic), have dates of certification and the inscription "True to the original".
- 4. Other documents:
  - ✓ official document proving the fact of accident (protocol, act, certificate, etc.).

in the case of temporary deterioration of the Insured person's health as a result of the accident, additionally should be submitted the following documents:

- ✓ certificate issued by a medical institution which includes the name of the Insured person, diagnosis, date of request for medical aid, duration of treatment (except for period of rehabilitation treatment) signed and sealed by the person in charge (a physician), also the stamp of a medical institution;
- √ a copy of work incapacity certificate or the original certificate of temporary disability;

### in case of primary disablement of the Insured person caused by the accident:

 conclusion of the medical and consultative board or the medical and social expert commission that the Insured person shall be assigned primary disablement as a result of the accident;

## in the event of death of the Insured person caused by the accident:

- ✓ a copy of the death certificate;
- ✓ a copy of the medical report (certificate, etc.) about the cause of death;
- a copy of the inheritance right certificate;
- a copy of the heir's national passport (all pages). Copy should be certified the owner's handwritten signature, indicating the
  full name (Surname, given name, patronymic), have dates of certification and the inscription "True to the original";
- ✓ a copy of the heir's certificate of identification code. Copy should be certified the owner's handwritten signature, indicating the full name (Surname, given name, patronymic), have dates of certification and the inscription "True to the original".

In that case, if for any reason the Insurant (Insured person) is not able to obtain insurance compensation personally, additionally should be presented the following:

- ✓ a notarized letter of attorney to obtain insurance compensation, issued by the authorized person;
- ✓ a copy of the national passport of the authorized person (all pages). Copy should be certified the owner's handwritten signature, indicating the full name (Surname, given name, patronymic), have dates of certification and the inscription "True to the original";
- a copy of the authorized person's certificate of identification code. Copy should be certified the owner's handwritten signature, indicating the full name (Surname, given name, patronymic), have dates of certification and the inscription "True to the original".

If the amount of insurance compensation (insurance payment) is UAH 400,000 or more, the person (Insurant, Insured person), in favor of whom the payment will be made, and his representative (if any) additionally fills in and submits the Client Questionnaire.