



INSURANCE CLAIM FORM

INSURANCE OF MOUNTAIN RESCUE SERVICE COSTS

Forename and surname of insured person:		
Permanent residence of the insured person:		
Tel. no.*:	E-mail:	Country of permanent residence:
Name of organization, where the insurance contract was concluded:		
Insurance contract number:	Birth ID no. of the insured (for foreigners, enter the date of birth):	
Place of the insured event / mountain area - locality:	Date of insured event occurrence:	

* This number will also be used to send an SMS notification when your claim is closed

Please describe in detail the circumstances that required the mountain rescue service operation (the cause, the illness or injury that occurred):	
Was the insured event caused by another person? If so, give their name, the address of witnesses and state whether the incident was reported to the police, including their exact address:	
Did anyone witness the occurrence of the insured event? If so, give their first name, surname and address.	
Have you made a claim of the same type to another insurer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, give their name and address:	
What sort of mountain rescue operation was conducted?	
<input type="checkbox"/> treatment	<input type="checkbox"/> search
<input type="checkbox"/> carrying of victim (specify method used):	<input type="checkbox"/> transport (specify method used):
<input type="checkbox"/> rescue (extraction)	<input type="checkbox"/> a helicopter was called

Which medical facility provided treatment (hospitalization)?
(specify the exact name of the healthcare facility, its address and the name of the attending physician)

If you have already reimbursed the costs incurred, specify the exact amount and the name of the organization to which payment was made:

Benefit should be sent

To account no.:

kept in:

account owner (name and address):

Attached documents (in accordance with the General Insurance Terms and Conditions for Mountain Rescue Operations VPPHZS/0109):

- insurance contract
- original form "Record of mountain rescue service operation" issued by the Mountain Rescue Service
- original form "Information on mountain rescue service operation" issued by the Mountain Rescue Service
- original form "Information on person" issued by the Mountain Rescue Service
- original of the invoice showing the costs of the mountain rescue operation
- copy of any police report, if the event was investigated by the police

I declare that all information included in this form is truthful and nothing has been withheld. I am aware that untruthful answers may relieve the insurance company of its obligation to pay benefit. I hereby authorize Union poisťovňa, a.s. to exercise the administrative and legal acts necessary to investigate and settle the insurance claim.

I am aware that under the act on insurance, the insurer is entitled to process my personal data included in this form and the attached documents for the settlement of the claim.

I declare that I have familiarized myself with the basic information on personal data protection for data subjects posted on www.union.sk

At date:

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Signature of the insured person

Union poisťovňa, a. s., Karadžičova 10, 813 60 Bratislava, Slovak Republic,
Tel.: 0850 111 211, web: www.union.sk

ID No: 31322051, TIN: 2020800353, registered in the Companies Register of Bratislava I District Court, Section: Sa, Entry: 383/B 200513