|  |
| --- |
| **№\_\_\_\_\_\_\_\_\_\_\_ от \_\_\_. \_\_\_. 201 г.**  ***Управление страховых выплат (Claim Settlement Department)***  Заявление на выплату страхового ВОЗМЕЩЕНИЯ  (Application for a cash expense reimbursement) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Заявитель (Claimant):** | | | | | **по полису № (Policy number)** | | | |  | | | | | |
| ФИО (полностью) (full name) |  | | | | | | | | | | | | | |
| Адрес фактический  (Location address) |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Координаты для связи (Contact details) |  | | |  | |  | | | |  | |  | | |
|  | (телефон)(phone number) | | | | (факс)(fax) | | | | | | (e-mail) | | | |
| Паспортные данные (Civil passport details) |  |  |  | | | | Выдан (issued by) |  | | | | | | |
|  | (серия)(series) |  | (номер)(number) | | | |  |  | | | | | | |
|  |  | | | | | | | | | | | |  |  |
|  |  | | | | | | | | | | | |  | (дата выдачи)(issue date) |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Информация о страховом случае (claim details):** | | | | | | | | | | |
| ФИО Застрахованного (Insured person’s full name) | | |  | | | | | | | |
| Дата случая (Claim date) | |  | | | | Страна (Country) |  | | | |
| Описание страхового случая (причины обращения к врачу, оказанные услуги) (Claim description (reasons for visiting a doctor; services provided) | | | |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Диагноз (Diagnosis) |  | | | | | | | | | |
| Обращение в сервисный центр (Calling to the service center) | | | | **⁪** нет(no) | **⁪** до обращения к врачу (before visiting a doctor) | | | | | **⁪** после обращения к врачу (after visiting a doctor) |
|  | | | |  |  | | |  |  | |
|  | | | | | (дата бращения)(date of a visit) | | |  | (телефон)(phone number) | |
| Сумма расходов в оригинальной валюте (Total expenses in original currency) | | | | |  | | | | | |

|  |  |
| --- | --- |
| Перечень прилагаемых документов (List of attached documents): |  |
|  |  |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Прошу выплатить страховое обеспечение банковским переводом (I request to make an insurance coverage payment by bank wire transfer)** | | | | | | | |
|  | | | | | | | |
| ФИО владельца счета (Account owner’s full name): | |  | | | | | |
| Банк получателя (Beneficiary bank) | |  | | | | | |
| БИК (Russian Central Bank Identifier Code) | **⁪⁪⁪⁪⁪⁪⁪⁪⁪** | | ИНН (TIN – taxpayer identification number) | **⁪⁪⁪⁪⁪⁪⁪⁪⁪⁪** | КПП (RRC – registration reason code) | | **⁪⁪⁪⁪⁪⁪⁪⁪⁪** |
| Корр. Счет (Correspondent account) | | **⁪⁪⁪⁪⁪.⁪⁪⁪.⁪.⁪⁪⁪⁪.⁪⁪ ⁪⁪⁪⁪⁪** | | | |  | |
| Расчетный счет / МФО (Transaction account/MFO (sort code) | | **⁪⁪⁪⁪⁪.⁪⁪⁪.⁪.⁪⁪⁪⁪.⁪⁪ ⁪⁪⁪⁪⁪** | | | |  | |
| Лицевой счет (Personal account) | | **⁪⁪⁪⁪⁪.⁪⁪⁪.⁪.⁪⁪⁪⁪.⁪⁪ ⁪⁪⁪⁪⁪** | | | |  | |
| Прочее (номер карты и т.д.) (Other (card number etc.) | |  | | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | (дата)(date) |  | (подпись)(signature) |