CLAIM NOTIFICATION DOCUMENT IN CASE OF INSURED EVENT

novis
The new world of insurance

Contract number

BASIC INFORMATION

Name of the insured person:

ID card number:

Address:

Name of person reporting claim:

Correspondence address:

Phone number:

E-mail:

DESCRIPTION OF INSURED EVENT

Date and place of event:

Description of the insured event:

DOCTOR DETAILS

Name:

Last name:

Phone number:

E-mail:

Correspondence address:

CONTACT PERSON

Name:

Last name:

Phone number:

E-mail:

Correspondence address:

CLAIM PAYMENT INFORMATION

IBAN:

SWIFT:

By signing, I confirm that I have voluntarily, truthfully and completely provided all the information neccessary.
NOVIS Insurance Company, NOVIS Versicherungsgesellschaft, NOVIS Compagnia di Assicurazioni, NOVIS Poisťovňa a.s. and its co-operative parties, are fully bound by applicable Personal Data Protection Act and processing of such personal data is only for the purpose of settling the insurance event. The employees of NOVIS Insurance Company, NOVIS Versicherungsgesellschaft, NOVIS Compagnia di Assicurazioni, NOVIS Poisťovňa a.s., and any co-operation parties such as insurance agent or doctors, are fully bound by professional secrecy as stipulated in any applicable legislation and Personal Data Protection Act.

Date of signing

Signature of insured person

Signature of the contact person (beneficiary)