

To Babenko Maxim,  
Chairman of the Board of PrJSC "KhMIC"

\_\_\_\_\_  
\_\_\_\_\_  
(FIRST, MIDDLE AND LAST NAME, ADDRESS, PHONE NUMBERS OF THE APPLICANT)

\_\_\_\_\_  
\_\_\_\_\_  
(FIRST, MIDDLE AND LAST NAME, ADDRESS, PHONE NUMBERS OF THE INSURED PERSON, WITH WHO THE INSURANCE CASE OCCURRED)

Insurance Agreement Policy No. \_\_\_\_\_  
valid from "\_\_\_\_\_" 20\_\_\_\_  
to "\_\_\_\_\_" 20\_\_\_\_

**APPLICATION  
on Insurance Case Recognition**

On "\_\_\_\_\_" 20\_\_\_\_  
(DESCRIPTION OF THE CASE CIRCUMSTANCES, DATE OF CASE, SYMPTOMS / OBSERVATION DESCRIPTION)

the case occurred - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(OBSERVATION, AMBULATORY TREATMENT, HOSPITAL TREATMENT, INTENSIVE CARE UNIT TREATMENT, TREATMENT PERIOD / DEATH)

After the mentioned case occurred the person insured has filed for aid to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(MEDICAL INSTITUTION DENOMINATION, LIST OF SERVICES PROVIDED, DIAGNOSIS ESTABLISHED)

If any Insurance Agreements were concluded with other insurance companies:

(INDICATE THE NAME OF THE INSURER) \_\_\_\_\_

Based on the above and guided by the terms of the Law of Ukraine "On Insurance" and Insurance Agreement, I hereby kindly ask you to consider the issue on recognition of the case as an Insurance Case and on the possibility of receiving insurance indemnity, which I ask to make from the Insurer's cash desk or on the following bank details: name of the bank \_\_\_\_\_, MFO bank code \_\_\_\_\_, c/a No. (in UAH) in IBAN format \_\_\_\_\_, card account No. \_\_\_\_\_.

Supplement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this Application, I hereby give to PrJSC "KhMIC" my voluntary and unambiguous consent to the processing of my personal data in accordance with the Law of Ukraine "On Personal Data Protection", including to transfer it to managers / third parties without further notice of its transfer in order to fulfill the Insurance Agreement, the Procedure for personal data processing in PrJSC "KhMIC", as well as in other cases, provided by the legislation of Ukraine. I am informed about my rights defined by the Law "On Personal Data Protection" and about the purpose of the collection, provided by the current legislation of Ukraine and the Procedure for personal data processing in PrJSC "KhMIC".

Applicant \_\_\_\_\_ signature, first, middle and last name, date