

The insurance policy number (starts with 8, contains 10 digits)

8 | | | | | | | | | |

Documents required for claim settlement

Please provide documents with a legible date, preferably in PDF format.



1. Medical report from the examination:

- for which reimbursement is requested,
- during which medication was prescribed,
- during which laboratory tests were indicated (including the request form),
- including a description of health issues (in case of dental treatment).



2. Proof of payment:

- confirming cash or non-cash payment,
- including a detailed pharmacy receipt with itemized entries.

Insured Person

Surname, First name

Current address in the Czech Republic

Date of birth

E-mail

Details of the Claim

Date of the Claim

Detailed description of the Claim

To be completed if the Claim did not occur in the Czech Republic:

Country where the Claim occurred

Purpose of stay

Exact date of arrival in the country

Bank account for insurance benefit payment
(held in the Czech Republic)

Declaration

I confirm that I have been informed about the processing of personal data as published at <https://www.maximapojistovna.cz/en/personal-data-protection-and-processing> and I acknowledge that providing personal data is necessary for the purposes of handling the insurance claim and providing benefits under insurance contracts. I agree to the use of the above-provided email address for communication related to this claim.

Completed notification together with supporting documents should be sent to: lpu@maxima-as.cz

If the claim notification is not submitted electronically, please also fill in the notification date, sign the form, and send it to the insurance company's address.

Notification date

Insured person's
signature