



CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES  
OBRAZAC ZAHTEVA ZA NAKNADU TROŠKOVA ZDRAVLJA

**STAFF MEMBER / ZAPOSLENI**

POLICY NO. / POLISA BR.

Phone No./ Br. telefona.

E-mail

Last name, First Name / Ime i Prezime

Organization / Organizacija

**PATIENT / PACIJENT**

POLICY NO. / POLISA BR.

Date of birth / Datum rođenja

Last name, First Name / Ime i Prezime

Sex/Sek M F

Relationship /Odnos

Self/Lično

Spouse/Supruga

Child/Dete

Parents /Roditelji

Is the claim covered by another insurance / Da li je šteta pokrivena drugim osiguranjem?

YES/DA

NO/NE

If yes, state the amount reimbursed  
Ako jeste, navedite iznos nadoknade

Specify by which insurance  
Navedite po kom osiguranju

In case of accident, is a third party responsible / Da li je u slučaju nezgode odgovorna treća strana?

YES/DA

NO/NE

**AMOUNT CLAIMED PER CURRENCY / TRAŽENI IZNOS PO VALUTI**

Valuta / Currency

Amount of expenses / Iznos troškova

Nature of expenses/ Priroda troškova

Total

**METHOD OF PAYMENT BY I.C. ELSIG / NAČIN PLAĆANJA OD I.C. ELSIG**

To be completed in case of our changes apply / Dopunjava se u slučaju naših promena

Transfer to bank account/Transfer na bankovni račun

Account No/Broj računa

Full bank name / Naziv banke

Name account holder/Ime vlasnika računa

**CUSTOMER STATEMENT / IZJAVE KUPCA**

1. The persons who have signed this agreement have been informed by the insurer and have agreed that:

- the personal data in this agreement, together with other data, will be processed and used by the insurer, in relation to the contracted agreement, and for statistical purposes.
  - the insurer will store personal data with the necessary security in the registers, where these data will be structured with the help of cards or through any electronic database.
  - in these processed personal data, third parties will not have access, unless it is a question of state bodies when this is sanctioned by law, as well as for the persons who process the data under the management of the company K.S "ELSIG" sh.a.
2. The persons who signed this agreement certify that: they have voluntarily provided personal information about themselves, and that they agree that the insurer processes that data and allows third parties, in accordance with point 1 of this document, access to them.
3. The contractor of the agreement certifies with his signature that he is fully capable and that there is no restriction for entering into a contractual relationship.
4. The persons who have signed this agreement certify that: in relation to this policy, there is no additional oral agreement.

1. Lica koja su potpisala ovaj ugovor su obaveštena od strane osiguravača i saglasna su da:

- lične podatke u ovom ugovoru, zajedno sa ostalim podacima, osiguravač će obrađivati i koristiti, u odnosu na ugovoreni ugovor, iu statističke svrhe.
  - osiguravač će čuvati lične podatke sa potrebnom sigurnošću u u registrima, gde će ti podaci biti strukturisani uz pomoć kartica ili putem bilo koje elektronske baze podataka.
  - u ove obrađene lične podatke neće imati pristup treća lica, osim ako je reč o državnim organima za koje je to zakonom sankcionisano, kao i za lica koja obrađuju podatke pod upravom preduzeća K.S "ELSIG" š.a.
2. Lica koja su potpisala ovaj ugovor potvrđuju da su: dobrovoljno dala lične podatke o sebi, i da su saglasna da osiguravač obrađuje te podatke i dozvoljava trećim licima, u skladu sa tačkom 1. ovog dokumenta, pristup njima.
3. Izvođač ugovora svojim potpisom potvrđuje da je potpuno sposoban i da nema ograničenja za stupanje u ugovorni odnos.
4. Lica koja su potpisala ovaj ugovor potvrđuju da: u vezi sa ovom politikom ne postoji dodatni usmeni dogovor.

Client's signature/Potpis klijenta

Date /Datum