



CLAIMS REPORT - MEDICAL COST INSURANCE

To be filled out by the insured

It is important that all questions are answered in as much detail as possible, that will shorten the processing period of the claim. Please include all relevant documents with the claim form.

I. General Information

Name of patient/injured person _____ ID no. _____

Address _____ Postcode _____ Town/City _____

Phone (home) _____ Mobile _____ Phone (work) _____

Email _____

Name of policyholder (if other than insured) _____

ID no. of policyholder _____

II. Claim Information

Reason for medical treatment Illness Accident Other _____

Date of accident or first day of illness ____ / ____ / ____

Description of how the accident occurred or description of illness - name, symptoms (in detail)

If the claim is for more than one case of illness please list

Is the accident/illness in connection with the consumption of alcohol or drugs? Yes No

If yes, how? _____

Is the accident/illness in connection with former illnesses or accidents? Yes No

If yes, how? _____

III. Medical Treatment

Name of hospital /medical treatment centre _____

Location _____

Name of physician _____ Address _____

Name of general practitioner _____ Address _____

IV. Medical Cost

The sum of medical costs being claimed for reimbursement _____

Please note: Only original invoices can be reimbursed

In correspondence with policy terms the insured carries a personal liability of ISK 50.000 during the insurance period

6.1 The insured carries a personal liability of ISK 50,000 for the added cost of those damage awards that fit within the insurance scope of the insurance. The amount of the personal liability is the amount payable by the insured during the insurance period in excess of the patient's legal share in medical expenses as it may be determined at any time by an act of law or a regulation.

V. Additional Information

VI. Arrangements for Compensation Payments

In the case of payments, please deposit into the following bank account:

_____ ID no. _____
Bank no. Hb Account no.

I, the undersigned, do hereby truthfully attest that the above-mentioned answers and information I have provided herein are to the best of my knowledge correct and that I have not concealed any facts that might be of importance with respect to any decision the company may make regarding its liability, if any, and the amount of insurance benefits. I am aware that any false or insufficient answers may affect my right to receive insurance benefits.

Signature

Town/City and date

Registration in the Creditinfo's Claims Database.

Loss and damage notified to the company is recorded in a special claims database operated by Creditinfo according to an agreement with Samtök fjármálafyrirtækja (SFF, the Union of Employees of Financial Undertakings), of which the company is a member, and authorisations granted by the Data Protection Authority (Persónuvernd). The company is regarded as the responsible party within the meaning of Act No. 90/2018 on the Protection of Personal Privacy and Processing of Personal Data for its registrations of information into the database and the look-ups it carries out. The object of registering in the Claims Database is to prevent insurance fraud and the overpayment of insurance benefits. The information registered is the ID No. of the injured party, case number, type of insurance and damage, date of damage and registrations, location of damage and, as the case may be, the unique number of the insured object, such as the registration number of a vehicle. On registering the damage, the company obtains an overview of all the claims the injured party has notified, irrespective of company and which have been recorded in the database. Only the employees of the company who record the damage and who are involved in compensation settlements have access to the Claims Database. The information is to be deleted from the database when no longer needed for the object of the processing, at the very latest when 10 years have elapsed from the registration of the information.

The registered injured party can access information on look-ups in the database on "My Creditinfo" on the website of Creditinfo. Enquiries and comments relating to look-ups and incorrect information shall be directed to Creditinfo.

VII. Warrant to Process Sensitive Personal Information

I realise that for Tryggingamiðstöðin hf. to be able to assess the impact the incident has had on my state of health and ability to work, both temporary and permanently, as well as my right to compensation, it is necessary for Tryggingamiðstöðin hf. to gather/receive medical information as detailed and clear as possible concerning my state of health before and after the incident, both in regards to the incident itself, other deceases and other accidents, as well as information concerning my ability to work before and after the incident.

I hereby warrant Tryggingamiðstöðin hf. an unlimited permit to gather/receive information/documentation, including my medical records, from physicians, medical treatment institutions (such as hospitals and health care centres), The State Social Security Institute, The Icelandic Health Insurance and Insurance Companies regarding my health and ability to work prior to and after the accident/illness, both in regards to the accident/illness itself and other diseases and accidents, depending on what is deemed necessary to correctly evaluate my claim. This warrant also extends to the handling of the information requested by Tryggingamiðstöðin hf. by employees of medical treatment institutions. I, additionally, permit the gathering of information from the Tax authorities regarding municipal tax and/or allocated return where applicable.

Information, gathered/received with this warrant, may only be used for Tryggingamiðstöðin's hf. handling of my case and under circumstances during the disability evaluation or another comparable evaluation, if such an evaluation is deemed necessary by me or Tryggingamiðstöðin hf.

Information and documentation (such as medical certificates, copies of medical records, physicians notes and such) obtained in accordance with this warrant may only be deposited to the employees that handle the settlement of the claims. If Tryggingamiðstöðin hf. deems it necessary to seek specialist medical advice in connection with the handling of my case, the company is also permitted to hand over the documents to a doctor. If it becomes necessary to institute legal proceedings to claim the settlement it is furthermore permitted to submit the documents in those proceedings. Whoever receives the information in accordance with this warrant shall always keep the information in the strictest confidence and all information shall be preserved in such a way that it is inaccessible to unauthorized persons.

I can revoke this warrant at any time.

Date of incident

Claimant's name

Claimant's ID. no

Town/City and date

Claimant's signature