

If the application is not filled out electronically, please, use black or blue pen to fill it out in block capitals and mark (✓), confirming your choice. Draw a line in the cells that are not filled out.

All costs that are associated with the submission of the required documents shall be covered by the submitter of the application. If the submission of document originals is impossible, the submitter of the application may submit copies certified by the issuing institution. AAS SEB Dzīvības apdrošināšana accepts documents in one of the following languages: Latvian, English, Russian.

Filled out by the representative of AAS SEB Dzīvības apdrošināšana:

Note on the receipt of a document Name of the structural unit		Application No.
Name, surname		Termination of standing order Amount of payment (sum and currency)
Position		
Date	Signature	From an account No. LV UNLA

Filled out by the customer:

Submitter of application
Name, surname/Title

Personal ID number/Registration No.	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
Declared address	LV-
Contact address	LV-
Telephone	E-mail

Submitter of application

Insured person
 Policyholder
 Beneficiary
 Legatee
 Authorised representative
 Family members of the insured person or beneficiary
 Other

Insured person (fill out if application submitter is not the insured person)

Name, surname	Personal ID number
Address	LV-

Type of indemnity

Type of insurance	Policy number
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1. End of contract validity period

2. Termination of the contract before expiry

I hereby confirm that I am aware of the possible obligation to pay personal income tax in the cases, when justified expenses for insurance premiums have been used and the insurance contract is terminated prior to the expiry of the 5 year period. I have read the document.

Signature of the submitter

3. Accident, death

Household trauma
 Trauma as a result of a traffic accident
 Disability
 Death
 Trauma at work
 Sports trauma
 Other

Last employer of the insured person	Profession	Telephone
Date of accident, exact time, place	Place	

at | | | |

Name, Surname	Date	Signature
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Description of the accident

A physician, who best knows the health status of the insured person (name, surname, medical institution, address)

Physician's opinion (diagnosis)

Time of therapy

From _____ to _____ including hospitalisation _____ days

Medical first aid (date, medical institution)

4. Other indemnity case

I enclose the following documents with the application

- | | | |
|---|--|--|
| <input type="checkbox"/> Original of the insurance policy/certificate | <input type="checkbox"/> Power of attorney | <input type="checkbox"/> Copy of death certificate |
| <input type="checkbox"/> Copy of the insurance policy/certificate | <input type="checkbox"/> Copy of work incapacity certificate | <input type="checkbox"/> Certificate on the cause of death |
| <input type="checkbox"/> Copy of passport | <input type="checkbox"/> Excerpt from medical documentation on pp. | <input type="checkbox"/> Inheritance documents on pp. |
| <input type="checkbox"/> Copy of ID card | <input type="checkbox"/> X-Ray images pcs. | <input type="checkbox"/> Other certificates on pp. |
| <input type="checkbox"/> Copy of driving licence | | |

Please disburse the insurance indemnity

By transfer to the Bank/Postal Payment Service account No.

If the transfer is made to a bank account abroad, the commission of the bank transfer shall be covered by the indemnity recipient.

Fill out if the person, who is entitled to receive the indemnity, is a minor

Name, surname

Personal ID number

To include to the amount of 100% into a new contract of AAS SEB Dzīvības apdrošināšana, policy No.

i I hereby authorise AAS SEB Dzīvības apdrošināšana to request and use any type of information and documents that are required for the determining of the amount of insurance indemnity. I am informed that AAS SEB Dzīvības apdrošināšana may refuse to grant indemnity for the provision of false information.

In the event of termination of the insurance contract prior to its expiry or on the date of expiry I authorise AAS SEB Dzīvības apdrošināšana to terminate the standing order of premium payments with AS SEB banka in accordance with the insurance contract concluded with AAS SEB Dzīvības apdrošināšana on my behalf.

I hereby give my consent to AAS SEB Dzīvības apdrošināšana, as a system administrator and personal data operator, to process my personal data, including sensitive personal data and personal identification (classification) numbers with the purpose to ensure the implementation of the insurance contract in accordance with the Personal Data Protection Law and other legislative enactments of the Republic of Latvia.

I agree to the receipt of the Statement on Sums Paid to Private Individual in electronic format to the e-mail indicated in this application or via Internetbanka.

I agree to receive insurance benefit related information in electronic format to the e-mail indicated in this application.

Customer

Date

Signature

Name, surname