



## HOW TO FILL IN THE CLAIMS FORM

The Insurer needs certain information in order to determine whether your medical treatment is covered by your policy. You **must** therefore indicate the **nature of the illness** and the **date of first diagnosis** on the claims form, for example:

<b>Surname/First Name</b>	<b>Description of Medical Expenses/Treatment</b>	<b>Type of illness and date of diagnosis</b>
<i>SMITH John</i>	<i>Consultation with GP &amp; medication of 15.01.2024</i>	<i>Flu - 15.01.2024</i>
<i>SMITH Ann</i>	<i>Osteopathy of 30.01.2024</i>	<i>Backache since 01.10.2023</i>

In order to process your claim, we also need your **consent to the processing of your personal health information**.

We regret that any incomplete claim will be returned to you.

Thank you for your cooperation.

**AMARIZ LIMITED**