ERGO Insurance SE Lithuanian branch
Lvivo Str. 37, LT-09307 Vilnius, Lithuania
Claims handling department
Phone 1887, +370 5 268 3222
E-mail asmenszalos@ergo.lt or via www.epristatymas.lt

Accident Report

Reporter

Name, surname

Telephone No

E-mail

Policyholder

Name, surname / company name

Policy No

Victim

Name, surname

Personal code

Telephone No

E-mail

Address

Location and circumstances of the accident

Date ant time of the accident h min

Description of the exact location and circumstances of the accident

Which part of the body was injured? Which side?

Diagnosis

Medical institutions in which treatment took place and/or is taking place (name, address)

In case of an insured event, please pay the indemnity to the specified bank account* (*If the victim is a minor, please indicate his/her bank account)

Name, surname of the account owner

Date of birth of the account owner

Country of residence

Bank name

Bank code

Enclosed documents

☐ Doctor's statement ☐ Consent to the processing of personal data ☐ Certificate of incapacity ☐ Other

By signing this document I confirm that I have provided correct data in the report.
I agree to receive all information related to the claim case (including details on my health) from the insurer either by email to the email address I have provided. I fully understand that provision of information by email is of limited security and I take all responsibility for sending the aforementioned information in the said manner. I undertake to notify the insurance company of any changes in my email address within one working day.

☐ I agree ☐ I disagree

Date

Name, surname, signature of the victim (If the victim is a minor, his legal representative shall sign the report)