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

ERGO

Report on an illness or injury

Reporter Name, surname

Telephone No

E-mail

Policyholder Name, surname / company name

Policy No

Victim Name, surname

Personal code

Telephone No

E-mail

Address

Circumstances of the event

Date and time of the event

hour min

Description of circumstances of the illness/ injury

Diagnosis

Medical institutions where the victim was treated

Please compensate the victim's treatment expenses.
I paid a total of (amount, currency)

In case of an insured event, please compensate the expenses incurred, transferring insurance benefit to the bank account

Name, surname of the account owner

LT

Date of birth of the account owner

Country of residence

Bank name

Bank code

Please transfer the following amount to the medical institution (amount, currency)

Enclosed documents

☐ Doctor's statement ☐ Original invoices, receipts ☐ 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)