

Documents to be attached to this Notification**PERSONAL ACCIDENT INSURANCE****INDEMNITY DUE TO DEATH**

- Death Certificate;
- Certificate of Inheritance, whenever there are no named beneficiaries. Whenever minors are involved, Certificate of full copy of birth registration;
- Autopsy report with the result of the blood toxicological analysis and Record of Occurrence, if the death derives from a road accident;
- Statement of the Transport Company that the vehicle was undertaking public transport (whenever the incident was due to a public vehicle).

INDEMNITY DUE TO PERMANENT TOTAL DISABILITY

- Medical report with the injuries suffered and degree of devaluation of the Permanent total disability attributed based on the Personal Accident devaluation table which is part of the General/Special Conditions of the Personal Accident Branch;
- Record of the Occurrence, whenever the claim is due to a road accident.

INDEMNITY DUE TO PARTIAL PERMANENT TOTAL DISABILITY

Medical report indicating:

- Injuries occurred and treatments carried out;
- Copies of the auxiliary diagnostic tests;
- Period required for recovery and existing after-effects.

TREATMENT EXPENSES

- Clinical information. Clinical Prescription and submission of Original Receipts (Pharmacy, Clinic, Hospital).

ALLOWANCE DUE TO HOSPITAL INTERNMENT

- Statement of the Hospital indicating the motive of internment and respective period;
- Original invoice/receipt.

ALLOWANCE DUE TO TEMPORARY DISABILITY

Medical report indicating:

- Injuries occurred and treatments carried out;
- Copies of the auxiliary diagnostic tests;
- Period of Absolute Temporary Disability and Final Situation;

Confirming documentation of the occurred wage reduction, in cases of Partial Temporary Disability.

For situations of Absolute Temporary Disability, confirming documentation of employment income (self-employment or as an employee).

THIRD PARTY LIABILITY

- Written and signed statement of the third party together with a copy of the identity card and indication of eyewitnesses. The "salvaged parts" of damaged objects must be kept until the claim has been settled;
- Confirming documentation of expenses (invoices/receipts) must always be originals and in the name of the Policyholder;
- The Insurer reserves the right to investigation;
- Statement of the parents/guardians accepting the responsibility of the child for the occurrence;
- Photocopy of the certificate of Registration of Ownership of the vehicle (whenever vehicles are involved);
- Statement of the third party regarding compensation received for the damage by our Policyholder.

FUNERAL EXPENSES

- Original receipt of the funeral expenses.

TRAVEL

For disappearance of baggage, in the Transport Carrier or in hotels:

- Copy of the form reporting the disappearance of the baggage to the Transport Carrier or Hotel Administration and Statement indicating the indemnified values.

For travel cancellation:

- Explanation of the episode which led to the cancellation.

In the case of robbery:

- Copy of the notification to the local police.

MULTI-RISKS, FIRE AND ROBBERY

- Budgets/Estimates;
- Copy of the Reporting to the Authorities (in case of the Theft or Robbery).

THIRD PARTY LIABILITY (including as Supplementary Coverage in Personal accident Insurance)

- Written and signed statement of the third party together with a copy of the identity card and indication of eyewitnesses. The "salvaged parts" of the damaged objects must be kept until the claim has been settled;
- Budgets/Estimates/Receipts of Expenses;
- Confirming documentation of expenses (invoices/receipts) must always be originals and in the name of the Policyholder;
- The Insurer reserves the right to investigation;
- Statement of the parents/guardians accepting the responsibility of the child for the occurrence;
- Photocopy of the certificate of Registration of Ownership of the vehicle (whenever vehicles are involved);
- Statement of the third party regarding compensation received for the damage by our Policyholder.

Statement – To be completed by the claimer (compulsory signature)

The information provided above is correct. I authorise any Employer, Former employer, Official body or any other person to provide information to Ocidental - Companhia Portuguesa de Seguros, S.A. about this claim.

(Place and date)

(Signature)

The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail.

Insurance Intermediary: Banco Comercial Português, S.A., a Company open to Public Investment - Registered Office: Praça D. João I, nº 28, 4000-295 Porto – Share Capital 4.725.000.000,00 Euros – Single registration and TIN 501525882. Insurance agent registered under nr. 419527602, with the Insurance and Pension Funds Supervision Authority - Registration Date: 21/01/2019. Authorization for the brokerage distribution of the life and non-life insurance. For information and further registration details, please consult: www.asf.com.pt. The Insurance Intermediary is not authorized to sign insurance contracts on behalf of the Insurer or receive any insurance premiums payable to the Insurer. The Insurance Intermediary does not assume liability regarding any risks covered by the insurance contract, which shall be fully assumed by the Insurer.

OCIDENTAL
grupo ageas

Insurer: AGEAS Portugal – Companhia de Seguros, S.A. Public limited liability company, with head office at Rua Gonçalo Sampaio, 39, 4002-001 Porto, legal person number 503454109 and registered under this number at Porto Trade Register, with share capital of 7.500.000 Euros .

