
Permanent Accidental Disability (UI30) – Information Sheet

1. When is a disability benefit provided?

- ➔ Benefit payment is provided, if the insured person suffers permanent disability due to an accident.

2. Who is entitled to receive a disability benefit?

- ➔ The policyholder.

3. On which conditions does disability benefit become payable?

- ➔ Permanent disability must be the result of an accident as set out in the General Insurance Conditions of Medlife. An illness is not regarded as accident. The accident must be reported to the insurer immediately (!).
- ➔ The accidental disability insurance rate UI must be included in the insurance contract and be in force at the date of the accident. Important: a delay in payment of the annual premium may lead to an automatic cancellation of the insurance cover.
- ➔ At least 30% permanent disability as the result of an accident must be stated within one year after the accident and remain unchanged until the end of the year.

4. Which documents are needed to process the claim?

- ➔ Completed accident report (please use only the Medlife standard form enclosed)
- ➔ The following medical documents (original documents or copies attested by a notary):
 - Report of first admission into hospital,
 - Complete medical history, documentation of outpatient treatment, x-rays etc.
 - Medical documents proving the degree and describing the type of disability at completion of the treatment.
 - In individual cases additional documentation might be requested.
- ➔ In the case of a road accident: - official police report (copy, attested by a notary),
- copy of driver's licence;
- ➔ An official document issued by the relevant national authorities, proving the degree of disability;
- ➔ We reserve the right for ourselves to request missing documents and insist on a complete documentation.

5. What is the procedure of examining the validity of a claim?

- ➔ First of all we examine whether there is a causal connection between the injuries and the accident.
- ➔ The degree of permanent disablement will be determined on basis of the medical documentation.

6. How is the degree of disablement determined?

- ➔ The degree of disablement is determined according to the disability table in art. 39 of the General Insurance Conditions of Medlife, if it can be applied, otherwise by consulting a medical expert.

7. How long does it usually take to settle a claim?

- ➔ To make a final statement on the degree of permanent disability takes minimum one year from the day of the accident.
- ➔ In the first year after the accident a benefit payment can take place only if from a medical point of view there is no doubt about the type and degree of disablement.

8. Which amount of benefit is paid in case of permanent accidental disability?

- ➔ In the case of permanent accidental disability, according to art. 39 of the General Insurance Conditions of Medlife the benefit eventually paid equals the percentage of the amount insured under UI which corresponds the degree of permanent disability. If the degree of disablement is less than 30%, no benefit is paid.

9. Is there any limitation period for the placement of claims?

- ➔ The limitation period for UI claims is three years from the day of the accident.

10. Where can I get more detailed information on permanent accidental disability insurance?

- ➔ Chapter 6 of the General Insurance Conditions of Medlife.
- ➔ By personal consultation with the staff of the Medlife Customer Service. You may contact us by telephone ++357- 22 45 10 87 or e-mail: office@medlife.net

Accident report form

HEAD OFFICE
 Alpha Business Centre
 27 Pindarou Street
 3rd Floor, Block B
 CY-1060 Nicosia

Policy №

CUSTOMER SERVICE
 c/o GRAZER WECHSELSEITIGE
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 telefax no. +357- 22 66 17 28
 e-mail: office@medlife.net
<http://www.medlife.net>

Accidents have to be immediately reported to MEDLIFE Insurance Ltd. by submitting the duly completed accident report form to our office. Please answer all questions in detail and truthfully in order to accelerate the process of claim investigation.

Policyholder's name:.....

Name of the injured person:.....

Date and place of birth of the injured person:.....

Exact address of the injured person:

.....

Current place of employment and type of occupation of the injured person:.....

.....

Relation between the injured person and the policyholder:.....

Date and time of the accident:

Place of the accident:

Police department dealing with the accident:.....

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Names and addresses of witnesses:

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Circumstances of the accident:.....

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Type of injuries:
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Person who rendered first aid:
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Name and address of physician/hospital, where the first professional medical treatment was obtained (please attach documentation):
.....

Name and address of physician/hospital, where treatment was continued (please attach documentation):
.....

Did the injured person already before the accident have any physical impairments or handicaps? If yes, please state details:.....
.....

Social insurance of the policyholder/injured person:

Does the policyholder/injured person have any health or accident insurance?

The following section is to be filled out only in the case of a traffic accident!

Who is the holder of the vehicle?.....

Who was driving the vehicle at the time of the accident?.....

Number of the driver's licence (please attach a copy of the driving licence):

Motor third party insurance (please state name of the insurer, policy number, car registration No)

I declare that I have truthfully answered all questions stated above.

.....
Date

.....
Place

Please sign also the authorizations below. This will help us to accelerate the process of claim inspection. Any information we receive from you will be treated with the strictest confidence.

AUTHORIZATION

I authorize Medlife Insurance Ltd. to inspect all legal and official documents, which are relevant for this accident and take copies of them.

Date:.....Place:.....
Signature:.....

AUTHORIZATION

I authorize Medlife Insurance Ltd. to receive copies and duplicates of all medical documents concerning my accident of
Period of treatment:.....
Hospital:.....

Date:.....Place:.....
Signature:.....