



Karta klienta pre cestovné poistenie

World Assistance Card for travel insurance



Poistná zmluva č./Insurance Contract Nr.

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Poistený/Insured

Priezvisko, meno, titul, Spoločnosť /Surname, Name, Title, Company

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Typ poistného produktu/Type of insurance product

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Začiatok poistenia/Insurance valid from

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Koniec poistenia/Insurance valid to

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Platí za predpokladu úhrady poistného.



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Dear doctor,

UNIQA pojišťovna, a.s., pobočka poisťovne z iného členského štátu will cover medical expenses of insured person in case of injury or sudden illness abroad. Medical expenses will be covered by UNIQA pojišťovna, a.s., pobočka poisťovne z iného členského štátu, to the extent of an insurance contract. We kindly ask you to provide our insured person with needed care. Please, send the invoices for care to the adress of the insurance company which will cover the invoices. In case of more serious medical impairment or in case of hospitalization, please contact us as soon as possible. The client agrees, that the medical report will be prepared in order to settle a claim. Use the below mentioned telephone and fax numbers. For more information contact us, respectively you can get more details at the address:

UNIQA pojišťovna, a.s., pobočka poisťovne z iného členského štátu with the registered office Krasovského 3986/15, 851 01 Bratislava, Slovak Republic

UNIQA ASSISTANCE – NON STOP

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