

Lumen Insurance

_	Certif	icate No.	
L	Clai	im No.	
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P.U.A. Ltd No.20 Homer Avenue 3rd Floor 1097 Nicosia ☎ 22353625 Fax 22353516 info@pua.com.cy www.pua.com.cy

Medical / AccidentClaim Form

Note:

It is a condition of your policy that it shall become void if any claim made is fraudulent or intentionally exaggerated..

The issue of this form is not an admission of liability.

GROUP NAME			IMPOR	ΓAΝΤ	: All	claim	ns mus	t be rece	eived by us	within 3	0 days	after the date of service.	
NAME (FIRST)	NAME (NAME (LAST)							I.D. NO				
STREET ADDRESS													
CITY	STATE	/PROV	INCE	COUNTRY					POST	STAL/ZIP CODE			
EMAIL					CERTIFICATE NUMBER								
Complete for all depende	nts being cla	aims for	on this form	1000	The state of		1300	No. of the local division in the local divis			CENELL		
	RELATIO				E OI	F BII	RTH		If child is	aged 2	l or ov	er, please indicate if full	
	(spouse, son, daughter, etc)					MM				dent and submit confirmation of			
									Student	Han	dicapp	ed 🗌	
									Student	Han	dicapr	ped 🗍	
									Student [
Is treatment necessary due Yes No					Yes	s [y another person be responsible? ☐ No						
Do you have other insurance coverage? ☐ Yes ☐ No Are you currently making a claim with this insurer?							se provide name and address of insurer/contact AND Policy						
☐ Yes ☐ No	a ciaiiii wiai	tino moc	ici.										
SERVICES (please use a	separate for	rm for a	dditional iter	ms if r	equir	ed)	135	10000		1000	50.655	The second secon	
PATIENT NAME	TYPE: d/or dental					IS/REASO ENT please			AMOUNT CHARGED				
				visit, hospital, etc.			diagnosis and/or reason for each service required						
								1100					
							+						
							+						
							1						
TOTAL AMOUNT CLA	IMED FOR	ALLS	EDVICES:	1000	C-100-11	1700	CI	DDENG	TV.				



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Medical / AccidentClaim Form

								ed if a	ttach	ed receipts do not is	nclude adequate		
information o	f the ill	ness, i	njury	and/or for treatr	ment received. At	tach note if nec	essary.						
DOCTOR'S	SIGNA	ATUR	E			DA	ГЕ						
DOCTOR'S	NAME	C (PLE	EASE	PRINT)									
						T = = = = = = = = = = = = = = = = = = =							
GROUP NA	ME					POLICY NUMBER							
NAME (FIRST)						NAME (LAST)							
PDESCRIPT	TONE	DIIC	S (nle	agea usa a sanar	eata form for add	itional itams if	requir	ad)	E 657 V				
PATIENT	PRESCRIPTION DRUGS (please use a separate form for add PATIENT DATE OF NAME OF AMOUNT					PATIENT	AMOUNT						
NAME		RVIC		DRUG	CHARGED	NAME		SERVICE YR MM DD		DRUG	CHARGED		
	YR	MM	DD		-		YR						
	-				-		+-						
	_						_						
	_						+						
TOTAL AM	OUNT	CLA	IMEI	FOR ALL DI	RUGS:			•		CURRENCY:			
ASSIGNME	NT OF	BEN	EFIT	S			6765	Sec. Of	3500				
IF YOU ARE AU	THORE	ZING R	EIMB	URSEMENT TO AN	NOTHER PARTY,	T							
PLEASE COMPLETE THIS SECTION NAME OF PARTY:					SIGNATURE OF PRIMARY INSURED								
DATE:						-							
THE SHOW SHEET			C 11			T C II 3 C I '''	D .	•,			1' 1 " 1 "		
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SIGNATUR		Lugic		apply futurel in	ionnation, medica	DATE:	equile	. 10 00		te the desessment o	theor viumio.		



ΠΙΝΑΚΑΣ ΑΣΦΑΛΙΣΤΗΡΙΟΥ - POLICY SCHEDULE

Ανανέωση 2025 / Renewal 2025

Αντικαθιστά αποιονδήποτε Πίνακα που έχει εκδοθεί προηγουμένως / Replacing any previously issued Schedule

Αρ. Ασφαλιστηρίου Policy No.

PAG240022

Ασφαλισμένος / Insured: ΓΥΜΝΑΣΙΟ ΕΓΚΩΜΗΣ ΚΥΡΙΑΚΟΣ ΝΕΟΚΛΕΟΥΣ (ΗΓ/DoB.)

Διεύθυνση / Address: Ionos Street, Engomi, 2406 Nicosia

Ενασχόληση / Occupation: SCHOOL

Insured Person / Ασφαλισμένος: As per attached list / Σύμφωνα με τη συνημμένη λίστο

Παρεχόμενη Κάλυψη / Insurance Provided

Ασφάλεια Προσωπικών Ατυχημάτων / Personal Accident Insurance

Σύμφωνο με τις διστυπώσεις στο συνημμένο Ασφολιστήριο Lumen Insurance / As per Lumen Insurance Policy wording attached at www.pminsurancebrokers.com/PAG2401.pdf

SCHEDULE OF COMPENSATION (PER PERSON)

This Insurance covers in respect only of such of the following benefits as have an amount inserted against them. Where benefits are not insured the words 'Not Included' are shown

- 2. Permanent Partial Disablement (subject to table of benefits) EUR 17.000=
- MEDICAL EXPENSES EUR

Medical Expenses Limits / Όρια για Ιαιρικά Έξοδα:

- Dental cover due to accident / Οδοντιατρική κάλυψη λόγω ατυχήματος EUR 350=

ανωτέρω ποσά περιλαμβάνονται στο ολικό ποσό Ιατροφαρμακευτικών εξόδων του ασφαλιστηρίου.

The geographical limits of this Insurance are: Worldwide

Notwithstanding anything contained in this policy to the contrary, it is hereby declared and agreed that GENERAL EXCLUSIONS No. 5 is amended to read as follows: "This policy does not insure You against death Bodily Injury caused by or resulting from any claim made by the Insured being over 75 years of age at the commencement of this policy"



Ασφάλιστρο / Premium EUR eck that the details on the Policy Schedule and the cover provided are correct.

Περίοδος Ασφάλισης / Period of Insurance

(η/μ/χ) / (d/m/y)

Τοπική ώρο / Local Time 00:01

Ασφάλιστρο / Premium: Δικαιώματα / Fees:

Апо / From: **01/10/2025**

Μέχρι / Το: **30/09/2026**

23:59

Χαρτόσημα / Stamps:

Ολικό / Total:

Και οι δύο ημερομηνίες περιλαμβάνονται, και οποιαδήπατε μεταγενέστερη περίοδος η οποία θα συμφωνηθεί από κοινού / Both days are inclusive, and for such period or periods as may be mutually agreed upon.

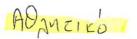
Lumon Insurance - A trade name of GasanMamo Insurance Ltd, a general insurance company regulated by the Malta Financial Services Authority operating in Cyprus through freedom of establishment Cyprus Agents & Attorneys: Prodromou & Makriyiannis (Insurance Underwriting Agencies & Consultants Ltd, 14 Kolokotroni, 2408 Ekgomi, 1st Floor, Flat 2 P.O.Box 25045, 1306 Nicosia, Cyprus Fax: +357 22353516 e-mail: info@pminsurancebrokers.com www.pminsurancebrokers.com

Υπογράφτηκε από / Signed by:

Ημερομηνία Έκδοσης / Date Issued: **01/10/2025**

Εσωτερική Χρήση / Office Use:

03*GYMNAS-001/GYMNAS-001[312130](2025/10)PMI





ΠΙΝΑΚΑΣ ΑΣΦΑΛΙΣΤΗΡΙΟΥ - POLICY SCHEDULE

Aνανέωση 2025 / Renewal 2025

Αρ. Ασφαλιστηρίου Policy No.

PAG240023

Αντικαθιστά οποιονδήποτε Πίνακα που έχει εκδοθεί προηγουμένως / Replacing any previously Issued Schedule

Ασφαλισμένος / Insured: ΑΘΛΗΤΙΚΟ ΓΥΜΝΑΣΙΟ ΕΓΚΩΜΗΣ ΚΥΡΙΑΚΟΣ ΝΕΟΚΛΕΟΥΣ (ΗΓ/Dob.)

Διεύθυνση / Address: Ionos Street, Engomi, 2406 Nicosia

Ενασχόληση / Occupation: School

Insured Person / Ασφαλισμένος: As per attached list / Σύμφωνα με τη συνημμένη λίστα

Παρεχόμενη Κάλυψη / Insurance Provided

Ασφάλεια Προσωπικών Ατυχημάτων / Personal Accident Insurance

Σύμφωνα με τις διατυπώσεις στο συνημμένο Ασφολιστήριο Lumen Insurance / As per Lumen Insurance Policy wording attached at www.pminsurancebrokers.com/PAG2401.pdf

SCHEDULE OF COMPENSATION (PER PERSON)

This Insurance covers in respect only of such of the following benefits as have an amount inserted against them. Where benefits are not insured the words 'Not Included' are shown

1.	Death	EUR	2.000=
2.	Permanent Partial Disablement (subject to table of benefits)	EUR	17.000=
3.	Permanent Total Disablement	EUR	17.000=
4.	Temporary Total Disablement (Limited to 52 weeks)	Not	included
5.	Temporary Partial Disablement (Limited to 52 weeks)	Mot	included

MEDICAL EXPENSES	EUR	5.000=
1. 1(a)	Not	Included
1 (b)		Included

Medical Expenses Limits / Όρια για Ιαιρικά Έξοδα:

Dental cover due to accident / Οδοντιατρική κάλυψη λόγω ατυχήματος EUR 350=

ανωτέρω ποσά περιλαμβάνονται στο ολικό ποσό Ιατροφαρμακευτικών εξόδων του ασφαλιστηρίου.

The Underwriters shall not be liable for the first EUR300 for each and every claim for surgical intervention expenses incured upon accident. For any other Medical expenses claim incured upon accident the insured member is liable for the first $\mathfrak{C}75$ of each and every claim.

- The Underwriters shall not be liable for the first EUR 75 per claim of medical expenses incured upon each accident.

The geographical limits of this Insurance are: Worldwide

Notwithstanding anything contained in this policy to the contrary, it is hereby declared and agreed that GENERAL EXCLUSIONS No. 5 is amended to read as follows: "This policy does not insure You against death Bodily Injury caused by or resulting from any claim made by the Insured being over 75 years of age at the commencement of this policy'



Παροκολείστε να ελέγετε ότι η κόλυψη στον ητίνακο και στο Ασωολωτιτίωιο είναι ακοιδώς / Please check that the details on the Policy Schedule and the cover growded are correct.
Ασφάλιστρο / Premium **EUR** Περίοδος Ασφάλισης / Period of Insurance

EUR

Tonikň ώρα / Local Time

Ασφάλιστρο / Premium:

Aπό / From: 01/10/2025

00:01

Δικαιώματα / Fees:

 $(\eta/\mu/\chi) / (d/m/y)$

23:59

Χαρτόσημα / Stamps:

Μέχρι / Το: **30/09/2026**

Ολικό / Total:

Και οι δύο ημερομηνίες περιλαμβάνονται, και οποιαδήποτε μεταγενέστερη περίοδος η οποία θα συμφωνηθεί από κοινού / Both days are inclusive, and for such period or periods as may be mutually agreed upon

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Υπογράφτηκε από / Signed by:

Ημερομηνία Έκδοσης / Date Issued: 01/10/2025

Εσωτερική Χρήση / Office Use:

03*GYMNAS-004/GYMNAS-004[314653](2025/10)PMI