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Lumen Insurance

P.U.A. Ltd No.20 Homer Avenue 3rd Floor 1097 Nicosia ☎ 22353625 Fax 22353516

info@pua.com.cy

www.pua.com.cy

Medical / Accident Claim Form

PHYSICIAN'S STATEMENT – Attach original receipts. Physician statement is required if attached receipts do not include adequate information of the illness, injury and/or for treatment received. Attach note if necessary.

DOCTOR'S SIGNATURE

DATE

DOCTOR'S NAME (PLEASE PRINT)

GROUP NAME

POLICY NUMBER

NAME (FIRST)

NAME (LAST)

PRESCRIPTION DRUGS (please use a separate form for additional items if required)

PATIENT NAME	DATE OF SERVICE YR MM DD	NAME OF DRUG	AMOUNT CHARGED	PATIENT NAME	DATE OF SERVICE YR MM DD	NAME OF DRUG	AMOUNT CHARGED
TOTAL AMOUNT CLAIMED FOR ALL DRUGS:						CURRENCY:	

ASSIGNMENT OF BENEFITS

IF YOU ARE AUTHORIZING REIMBURSEMENT TO ANOTHER PARTY,
PLEASE COMPLETE THIS SECTION

NAME OF PARTY:

SIGNATURE OF PRIMARY INSURED

DATE:

I hereby warrant the truth of all statements on this form and give Norfolk Mobility Benefits permission to contact the medical attendants directly, if required. I agree to supply further information, medical or otherwise, required to complete the assessment of these claims.

SIGNATURE:

DATE:

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 λίστα

Παρεχόμενη Κάλυψη / Insurance Provided

Ασφάλεια Προσωπικών Ατυχημάτων / Personal Accident Insurance

Σύμφωνα με τις διατυπώσεις στο συνημμένο Ασφαλιστήριο Lumen Insurance / As per Lumen Insurance Policy wording attached at www.pmiinsurancebrokers.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).....	Not included

MEDICAL EXPENSES EUR 2.000=

1. 1(a)	Not Included
1(b)	Included

Medical Expenses Limits / Όρια για Ιατρικά Έξοδα:

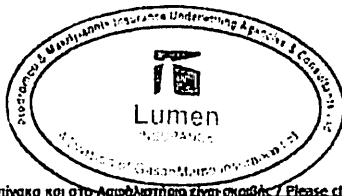
- Dental cover due to accident / Οδοντιατρική κάλυψη λόγω ατυχήματος EUR 350=

- Physiotherapy per accident / Φυσιοθεραπεία ανά ατύχημα EUR 350=

The abovementioned amounts are included in the total amount of Medical Expenses of this insurance policy / Τα 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"



Παρακαλείται να ελέγξετε ότι η κάλυψη στον πίνακα και στο Ασφαλιστήριο είναι σωστή / Please check that the details on the Policy Schedule and the cover provided are correct.

Ασφάλιστρο / Premium EUR

Ασφάλιστρο / Premium:

Δικαιώματα / Fees:

Χαρτόσημο / Stamps: 0,00

Ολικό / Total:

Περίοδος Ασφάλισης / Period of Insurance

(η/μ/χ) / (d/m/y) Τοπική ώρα / Local Time

Από / From: 01/10/2025 00:01

Μέχρι / To: 30/09/2026 23:59

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.



Barcode / Internal use

Lumen 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
Tel.: +357 22353625 Fax: +357 22353516 e-mail: info@pmiinsurancebrokers.com www.pmiinsurancebrokers.com

Υπογράφηκε από / Signed by:

Ημερομηνία Έκδοσης / Date Issued: 01/10/2025

Εσωτερική Χρήση / Office Use:

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

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 Ασφαλιστήριο 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).....	Not included	

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

Medical Expenses Limits / Όρια για Ιατρικά Εξόδα:

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

- Physiotherapy per accident / Φυσιοθεραπεία ανά ατύχημα EUR1000=

The abovementioned amounts are included in the total amount of Medical Expenses of this insurance policy / Τα ανωτέρω ποσά περιλαμβάνονται στο ολικό ποσό Ιατροφαρμακευτικών εξόδων του ασφαλιστηρίου.

Memo:

The Underwriters shall not be liable for the first EUR300 for each and every claim for surgical intervention expenses incurred upon accident. For any other Medical expenses claim incurred upon accident the insured member is liable for the first €75 of each and every claim.

- The Underwriters shall not be liable for the first EUR 75 per claim of medical expenses incurred 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"



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Ασφάλιστρο / Premium

EUR

Ασφάλιστρο / Premium:

Δικαιώματα / Fees:

Χαρτόσημα / Stamps:

0,00

Ολικό / Total:



Barcode / Internal use:

Περίοδος Ασφάλισης / Period of Insurance

(η/μ/χ) / (d/m/y)

Τοπική ώρα / Local Time

Από / From: **01/10/2025**

00:01

Μέχρι / To: **30/09/2026**

23:59

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Υπογράφηκε από / Signed by:

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

Εσωτερική Χρήση / Office Use:

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