



In case of insurance accident immediately call the assistance center "Eurasia Assistance" +7 495 787 21 78; +7 495 787 77 89; Whatsapp +7 903 671 12 96; informletter@eurasia-assistance.com

Name of Insured person: TIGRAN MIKAYELYAN
Passport: BA3448710
DOB: 1992-12-28

Coverage: Schengen
Program: Universal

From: 05/06/2026 To: 08/06/2026
Days: 4

In case of an insurance accident, it is necessary to call the assistance center immediately. The insurance accidents (risks), insurance compensation terms and procedures, possible cases of rejection, dispute resolution procedures, and other conditions are regulated by the legislation of the Republic of Armenia (RA) and the "Assistance Insurance Rules" (hereinafter together referred to as the "Rules"), approved by the Board of "INGO ARMENIA" ICSC on 03.05.2024, which form an integral part of this policy.

I hereby give my consent for "INGO ARMENIA" ICJSC (hereinafter referred to as the Insurer) to send inquiries (hereinafter also referred to as Inquiry) to "ACRA Credit Reporting" CJSC, "Nork" Technological and Awareness Center for Social Services Foundation, and other credit bureaus regarding the receipt and processing of my personal data, for the purpose of concluding a contract with me, without any additional notification to me.

I also agree that, in response to the submitted Inquiry, any information about me may be provided by personal data processors, including information on my present and past financial obligations, employment history (including the name of the organization, legal address, TIN, date of hiring and termination - day, month, year, position, means of salary payment), as well as other data necessary for making a decision on concluding an appropriate insurance or other contract with me.

I agree that in the event of concluding an insurance or any other contract, the aforementioned organizations shall provide the Insurer with the specified information at any time during the validity period of the contract upon Inquiry, and the Insurer shall process such information.

At the same time, I give my consent for the Insurer to transfer information regarding my financial obligations to the Credit Register of the Central Bank of the Republic of Armenia and/or "ACRA Credit Reporting" CJSC.

Additional coverages:

Handwritten signature of the Insurer

Signature of Insurer



Performer

12/04/2026

Signed

Name of Insured: TIGRAN MIKAYELYAN

Passport/TIN: Mobile: BA3448710 096000031

Email: ervisa@list.ru

Sum Insured: Deductible: 30000.00 EUR

Ins. premium: Discount: 1730.00 AMD 260.00 AMD

Amount due to payment: 1470.00 AMD

Signature of Insured
Received, read and agreed with the Rules

