

## Notification of Claim – Unemployment

**OCIDENTAL**  
grupo ageas

**Millennium**  
bcp

Policy	<input type="text"/>
Branch	<input type="text"/>
Current Account Number	<input type="text"/>
Case identification Number (Company)	<input type="text"/>
ILS / Loan Number	<input type="text"/>

- ☐ SPP - SALARY PROTECTION PLAN INSURANCE
- ☐ EPP - EXPENSES PROTECTION PLAN INSURANCE
- ☐ APP - AUTO SOLUTION PAYMENT PROTECTION PLAN INSURANCE
- ☐ OTHER PROTECTION PLAN INSURANCE \_\_\_\_\_

### Warning:

. While your notification is being appraised, your payment commitments should be maintained.

. Full completion of this notification and the sending of the documents identified below are fundamental for the rapid settlement of this case.

. If you have any doubts regarding the claim or this form, please contact us on 21 004 24 90 - Personalized customer service available all business days from 8:30 am to 7:00 pm Cost of a call to the national fixed network

### Identification of the Insured Person

1. Name:	
2. Address:	
City/Town:	Postal Code:
3. Date of Birth:	I.D.:
4. Taxpayer Number:	Social Security Number:
5. Occupation held:	

### Details of the Financing Contract (complete if applicable to the situation)

Start Date ____ / ____ / ____	Duration :
Monthly Instalment:	In full:
Amount financed:	In full:

### Questionnaire

Have you ever declared a claim relative to this contract or another?	Yes?	/	No?
If you have, please give details:			

### Documents that must be attached to this Notification

**Photocopy of RP 5044 model of DGSS**  
This document is given to the employee by the Employer to request unemployment benefit.

**Statement from the Employment Centre where he/she registered confirming his/her registration**  
This document must be requested from the Employment Centre 30 (thirty) days after the start date of Unemployment and must be sent every month to Ocidental.

**Written information indicating the date on which he/she started his/her activity in the last company.**

**Copy of the Employment Contract and the Notice of Resignation Letter.**

### Statement – To be completed by the claimer (signature required)

The information provided above is correct. I authorise any Employer, Former employer, Official body or any other person to provide information to Ageas Portugal - Companhia de Seguros, S.A. about this claim.

\_\_\_\_\_  
(Place and date)

\_\_\_\_\_  
(Signature)

**The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail. Does not exempt consultation of the legally required pre-contractual and contractual information.**

**Insurance Intermediary:** Banco Comercial Português, S.A., Registered Office: Praça D. João I, nº 28, 4000-295 Porto – Share Capital 3.000.000.000,00 Euros – Single registration and TIN 501525882. Insurance agent registered under nr. 419527602, with the Insurance and Pension Funds Supervision Authority - Registration Date: 21/01/2019. Authorization for the brokerage distribution of the life and non-life insurance. For information and further registration details, please consult: [www.asf.com.pt](http://www.asf.com.pt). The Insurance Intermediary is not authorized to sign insurance contracts on behalf of the Insurer or receive any insurance premiums payable to the Insurer. The Insurance Intermediary does not assume liability regarding any risks covered by the insurance contract, which shall be fully assumed by the Insurer.

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**Insurer:** Ageas Portugal - Companhia de Seguros, Public limited company, with head office at Praça Príncipe Perfeito n.º 2, 1990-278 Lisboa. Legal Person No. 503454109. Porto Trade Register. Share Capital of 7.500.000 Euros. Registration ASF 1129, [www.asf.com.pt](http://www.asf.com.pt)