

CONFIRMATION OF INSURANCE COVERAGE

(This document together with the record of payment are valid as confirmation.)



Dear Customer,

AWP P&C S.A. hereby confirms that insurance coverage (including medical costs in the event of acute Covid-19 illness) exists for:

FIRST NAME	LAST NAME
POLICY NUMBER	INSURANCE PERIOD
DESTINATION	

AGENT REPRESENTING INSURANCE COMPANY

AWP P&C S.A.
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A-1120 Vienna
Phone number in Austria: 0043-1-52503-250 (24hours Emergency Number)

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