



14. Names and addresses of the medical centers in which the Insured was treated after the illness/ accident occurred:

.....  
.....

15. Where and by whom the Insured was given the first aid?

.....

16. Name, surname and address of the doctor who gave first aid abroad

.....

17. In the case of a transport accident, please provide the registration number and the police station the accident was reported to:

.....

18. If there are any witnesses, please provide their names, surnames and addresses:

.....  
.....

19. Claim's value:

Date of invoice	Amount in the local currency	The invoice for	By whom paid

20. Have you any other insurance policy covering that incident?  Yes  No

If Yes, please provide:

the name of the insurance company: ..... policy number: .....

21. Have you reported any claim from medical expenses to another insurance company?  Yes  No

If Yes, please provide:

the name of the insurance company: .....

22. I declare that I will not pursue any claims against other insurance companies regarding accounts that have been refunded – based on the Civil Code Art. 824.1.

#### 4. INFORMATION ON PERSONAL DATA PROCESSING

##### Who is the administrator of your personal data?

SIGNAL IDUNA Polska Towarzystwo Ubezpieczeń S.A. with its registered office at ul. Siedmiogrodzka 9 in Warsaw (01-204).

Contact: e-mail address: [info@signal-iduna.pl](mailto:info@signal-iduna.pl), contact form at [www.signal-iduna.pl](http://www.signal-iduna.pl), phone number +48 22 505 65 06 or by writing to the address of our registered office.

In matters relating to personal data processing you may contact our data protection officer directly: email [iod@signal-iduna.pl](mailto:iod@signal-iduna.pl) or by writing to the above address.

Whose data are subject to processing:

- the person making the claim;
- other persons entitled under the insurance contract and the persons specified in the claim, whose data we possess do not always allow us to provide information on data processing. In this case, we ask the person providing data for the transfer of the above persons with this information on data processing. In addition, this information is located at:

[www.signal-iduna.pl/przetwarzanie-danych-osobowych](http://www.signal-iduna.pl/przetwarzanie-danych-osobowych)

##### For what purpose and on what basis we process your data:

- determining the causes and circumstances of the fortuitous event, the Administrator's liability, the legitimacy of the claims made, the extent of the damage and the amount of the benefit due, performance / payment of the benefit or compensation due as a result of an insured event to a person entitled to a benefit. The legal basis for data processing is Art. 6 clause 1 lit. b) and c) or art. 9 item 2 lit. f) and g) GDPR,
- pursuing recourse claims or claims for unduly paid benefits, taking actions in relation to counteracting the commission of a crime to the detriment of an insurance undertaking, which is the Administrator's legitimate interest. The legal basis is art. 6 clause 1 lit. f) GDPR,
- risk reinsurance - the legal basis for data processing is Art. 6 clause 1 lit. f) GDPR, which is the limitation of insurance risk associated with the concluded insurance contract,
- our compliance with other statutory obligations - the legal basis for data processing is the appropriate legal provision determining our obligation.

**Whenever we refer to the public interest above as the basis for data processing, i.e. 6 clause 1 lit. e) or art. 9 item 2 lit. g) GDPR, this interest is to provide entitled persons under the title insurance, financial security in private and social life.**

##### How long will we store your data:

The data will be stored until the claims under the insurance contract expire or until the obligation to store data arising from legal provisions expires, in particular the obligation to keep accounting documents regarding the insurance contract and provisions on the automatic exchange of tax information with other countries.

**Who can be the recipient of your data:**

**Your personal data may be transferred to:**

- our employees authorized to do so,
  - entities processing data on our behalf, participating in the performance of our activities. These may include:
    - insurance agents,
    - entities cooperating with us in the process of liquidation of damages / claims,
    - entities providing assistance services,
    - entities providing us with consultancy services,
    - IT service providers,
  - other data controllers processing data on their own behalf, e.g.
    - reinsurance undertakings,
    - medical facilities,
    - entities conducting payment activities,
    - entities conducting postal or courier activities,
    - other entities necessary to perform the insurance contract
- Additionally, your personal data may be transferred to recipients located in countries outside the European Area Economic, but it will only take place if the transfer of data is necessary to perform the insurance contract.

**What rights do you have regarding the processing of your personal data:**

- The right to access data and the right to request their rectification, deletion or restriction of their processing, subject to restrictions on the exercise of the right of access to data under the provisions rights.
- In addition, when the basis for the processing of personal data is a premise of the legitimate interest of the administrator, you have the right to object to their processing.
- To the extent that data is processed for the purpose of performing the insurance contract, you have the right to transfer personal data, i.e. to receive your personal data from us in a used readable format for sending to another data administrator.

**In order to exercise the above rights, please contact us or our data protection officer. Contact details are indicated above.**

**You also have the right to lodge a complaint with the supervisory body dealing with the protection of personal data.**

**Is providing personal data mandatory:**

Providing personal data is voluntary, however, failure to provide the data necessary to determine the causes and circumstances of the random event, the Administrator’s responsibility, the legitimacy of reported claims, the extent of the damage and the amount of the benefit due, results in refusal to meet / pay the benefit.

**5. COMPLAINTS**

1. The Customer may file complaints and grievances containing reservations concerning services being provided by SIGNAL IDUNA (hereinafter jointly referred to as “complaints”).
2. Complaints can be submitted in the following places and form:
  - a) in writing to the address: SIGNAL IDUNA Polska TU S.A., ul. Siedmiogrodzka 9, 01-204 Warszawa,
  - b) by fax at: 22 50 56 101,
  - c) by e-mail at: reklamacje@signal-iduna.pl,
  - d) by calling 22 50 56 506,
  - e) in person at the registered office of SIGNAL IDUNA (address as above) or at the Regional Insurance Services Centre (contact details of the Regional Insurance Services Centres of SIGNAL IDUNA are provided on the website and are updated on an on-going basis).
3. The complaint should contain the Customer’s contact details enabling identification and contact for the purpose of providing answers (first and last name, NIP and company name, number of the insurance contract which the complaint concerns or the number of the case concerning the claim, previously assigned by SIGNAL IDUNA).
4. SIGNAL IDUNA shall examine the complaint and answer it immediately, not later than within 30 days of receipt thereof, unless particularly complicated circumstances occur, making it impossible to examine the complaint and to give an answer within that time. In this case, SIGNAL IDUNA will inform the Customer about the reasons for the delay and the circumstances which must be clarified in order to examine the case, and will indicate the anticipated date by which the complaint will be examined and answer given, which may not exceed 60 days from the day the complaint is received. In the event of failure to comply with the above deadlines for consideration of the complaint and providing an answer, the complaint shall be deemed dealt with in accordance with the will of the client.
5. The answer to the complaint is given in writing and, at the Customer’s request, it can also be sent by e-mail.

**6. CLAIMS PAYMENT**

The due reimbursement shall be delivered to the following PLN bank account:

No.

Name and the no. of the bank branch: .....

Name and surname of the bank account owner: .....

**7. MARKETING CONSENCE**

1. I agree to share my personal data with SIGNAL IDUNA Życie Polska TU S.A. with its registered office at ul. Siedmiogrodzka 9, 01-204 Warsaw, for marketing purposes.  
 YES  / NO
2. I agree to receive from SIGNAL IDUNA Polska TU S.A., and – in the case of consent from the point above – from SIGNAL IDUNA Życie Polska TU S.A., with its registered office at ul. Siedmiogrodzka 9, 01-204 Warsaw, commercial and marketing information sent using telecommunications equipment and so-called automatic calling systems, choosing as a contact form.
 

SMS/MMS messages	YES <input type="checkbox"/> / NO <input type="checkbox"/>
e-mail message	YES <input type="checkbox"/> / NO <input type="checkbox"/>
telephone	YES <input type="checkbox"/> / NO <input type="checkbox"/>

**8. DECLARATION**

1. I certify that all information given above is true and complete to the best of my knowledge.
2. I release doctors treating me in the country of permanent residence and abroad from the obligation of medical confidentiality and allow access to documentation from the course of treatment, and in the case of public and private healthcare institutions I release them from the obligation of confidentiality and allow access to all types of medical documentation regarding my person, that SIGNAL IDUNA will ask for.
3. I release other insurance companies, offices and institutions from the obligation of secrecy towards SIGNAL IDUNA.

<p>.....</p> <p style="text-align: center;">Date and signature of the Policyholder/ travel agent</p>	<p>.....</p> <p style="text-align: center;">Date and signature of the Insured/ legal guardian</p>
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**To the present form the insurance policy (does not apply to the general agreements) and the following documents shall be attached:**

- 1. In the case of the medical expenses abroad occurred due to the sudden illness or a personal accident:**
  - a) medical documentation from abroad incl. the diagnosis,
  - b) bills and evidence of costs incurred for the medical care, emergency medical service as well as for purchase of medicines and dressing materials,
  - c) in case of wounds, bodily injuries or any other traumas – medical documentation from the day of the incident or when the treatment was initiated (e.g. medical history),
  - d) other documents necessary for determination of the liability of SIGNAL IDUNA (e.g. police report, eyewitnesses testimonies, driving license, etc.),
  - e) claim declaration confirming that the concern person was in function of a caretaker during the event having been organizing by the school authority or on their request by the tour operator incl. the event's period and its destination.
- 2. In the case of the death of the Insured occurring abroad as a result of a sudden illness or an accident:**
  - a) document listed in item 1,
  - b) death certificate and other documents related to that incident especially documentation providing information on the death reasons,
  - c) bills and evidence of costs incurred for repatriation des remains of Insured to the domestic country or funeral abroad.
- 3. In the case of costs occurred due to the flight/ baggage delay:**
  - a) document issued by the carrier confirming the flight/ baggage delay,
  - b) bills and evidence of costs incurred for needed expenses related with the flight/ baggage delay,
- 4. In the case of the case of the ski pass and the costs of participation in the ski or snowboard school:**
  - a) medical records including diagnosis and confirming the hospitalization period abroad,
  - b) bills and proofs of costs incurred for the ski pass including a document confirming the ski pass price and the number of days,
  - c) bills and proofs of costs incurred for the participation in the ski or snowboard school lessons.
- 5. In the case of transport costs and extended stay of the Insured:**
  - a) confirmation of referral to isolation/ quarantine issued by a physician or sanitary and epidemiological services,
  - b) proofs of costs incurred (e.g. receipts).
- 6. In the case of parent/ guardian's stay and transport costs:**
  - a) confirmation of referral to isolation / quarantine issued by a physician or sanitary and epidemiological services,
  - b) Covid-19 test result (isolation),
  - c) proofs of costs incurred (e.g. bills),
  - d) medical records of the child (hospitalization).
- 7. In the case of the costs of treatment of the animal or prolonged care of the animal (dog or cat):**
  - a) medical records containing a medical diagnosis confirming the period of hospitalization of the Insured abroad,
  - b) treatment records of the dog or cat,
  - c) copy of the document confirming the ownership of the dog or cat (e.g. passport, health records),
  - d) proofs of costs incurred, confirming the stay of the pet in a pet hotel, along with the hotel's statement on the number of days of stay.

- at the request of SIGNAL IDUNA, also other documents necessary to establish the liability of SIGNAL IDUNA.