

THIRD PARTY LIABILITY CLAIM

Please complete the form below carefully and submit by correspondence directly to the address of SIGNAL IDUNA Polska TU S.A. or through a travel agency. Electronic applications should be sent to: **info.likwidacja@signal-iduna.pl**. Please attach to the form:

1. Documents confirming the claim against the Insured.
2. Police report from the place of the incident, if drawn up.
3. Testimonies from witnesses of the event.
4. Medical documentation from the day of the event in the event of personal injury.
5. Bills and evidence of costs incurred for the repair or purchase of damaged/ destroyed item.
6. Other document confirming the submission of the claim or the occurrence of such possibility against the Insured.

Correspondence address:

SIGNAL IDUNA Polska TU S.A.
Zespół Obsługi Roszczeń Turystycznych i Affinity
ul. Siedmiogrodzka 9, 01-204 Warszawa; Tel. 22 505 65 06

1. PERSONAL DATA OF INSURED

1. Name and surname

2. Address
postal code city street, house/ flat number telephone number

3. Correspondence address:

4. E-mail:

5. Date of birth:
day month year parents names

Do you agree to have the correspondence re. the notified claim sent (e-mail, sms?) Yes No

2. DATA OF POLICY

6. Policy number valid from until
day month year day month year

7. Policyholder/ Travel office

3. INFORMATION ON CLAIM

8. Departure from Poland: Back in Poland:
day month year time day month year time

9. Claim:
day month year time city country

10. Was the claim reported to the Emergency Call Centre? Yes No

11. Detailed description of the circumstances and course of the event:

12. Names and surnames and addresses of the witnesses, if applies:

13. Have the criminal proceedings been initiated? Who was charged?

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14. Names and surnames of the injured persons:

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15. The approximately value of the loss:

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16. Have you any other insurance policy covering this particular event? Yes No

If Yes, then please provide:

the name of the insurer: policy number:

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

If Yes, please provide:

the name of the insurance company

18. 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, contact form at 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: **e-mail** 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

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. 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 following address: SIGNAL IDUNA Polska TU S.A., ul. Siedmiogrodzka 9, 01-204 Warsaw,
 - b) by fax to the number: 22 505 61 01,
 - c) by e-mail at: reklamacje@signal-iduna.pl,
 - d) by calling 22 505 65 06,
 - e) in person at the registered office of SIGNAL IDUNA (address as above) or the Regional Insurance Service Center (whose contact details are provided on the website and are updated on an ongoing basis).
3. The complaint should contain the Customer's contact details enabling identification and contact in order to answer (first name, last name, address, NIP and company name, the insurance contract number to which the complaint relates or the claim number given previously by SIGNAL IDUNA).
4. SIGNAL IDUNA considers the complaint and responds to it immediately, not later than within 30 days from the date of receipt, unless there are particularly complex circumstances, preventing consideration of a complaint and providing an answer within this period. In this situation, SIGNAL IDUNA will inform the customer about the reasons for the delay and the circumstances that must remain established for consideration of the case and will specify the anticipated date of consideration of the complaint and providing a response, which may not exceed 60 days from the date of receipt of the complaint. In case of default the above deadlines for considering the complaint and providing an answer, the complaint is considered to be considered in accordance with the will of the client.
5. The answer to the complaint is given in writing, and at the client's request – it can also be delivered 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 / NO
e-mail message YES / NO
telephone YES / NO

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.

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Date and signature of the Policyholder/ Office travel clerk

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Date and signature of the Insured/ legal guardian