



The claim refers to*:

- broken bones of the insured person as a result of an accident
- disability of the Insured resulting from an accident
- death of the Insured resulting from an accident
- reimbursement of the costs of rehabilitation resulting from an accident causing broken bones or personal injuries
- the non-participation of the Insured in a sporting event due to chance occurrences
- loss of documents necessary for travel

The application must be completed thoroughly and legibly.

Data of the Insured

Last name

First name

Passport number

____/____/____
Date of birth

Place of permanent residence

Street

____/____
Building/suite no.

City

____-____
Postal code

Country

Details of the occurrence of the incident

____/____/____
Date of the occurrence of the incident

Circumstances and place of the occurrence of the incident (in full): _____

Was the Insured driving at the time of the accident?*

Yes No

Was the Insured under the influence of alcohol (more than 0.2‰ of alcohol in blood or up to the presence of 0.1 mg of alcohol in 1 dm³ of exhaled air)?

Yes No

Was the treatment completed?*

Yes No

Name and address of the medical facilities (hospital, specialist clinics) where the Insured was treated in connection with the occurrence of the incident:

Name and address of the state authority notified of the loss of documents necessary: _____

The amount of organizational costs incurred by the Insured (including the cost of transport to the appropriate authorities) related to obtaining new documents necessary for travel and the costs of obtaining the new documents necessary for travel:

Cost of preparing new documents _____

Documented cost of arrangements (including transport to relevant authorities): _____

Data of the person making the claim

- Insured Other person (if this option is selected, please complete the fields below)

Last name

First name

+ _____

Contact phone

E-mail (please fill in with capital letters)

Correspondence address

Street

_____/_____
Building/suite no.

City

____-____
Postal code

Country

Form of payment of benefit

- Bank transfer

I request payment in: Polish zloty (PLN) Euro (EUR)

Owner of the bank account

Bank SWIFT(BIC) code

IBAN account number for transfers to a foreign account

Bank account number

Address of the bank account's owner:

Street

_____/_____
Building/suite no.

City

____-____
Postal code

Country

Documents required for making the claim

Please provide the Insurance Company with original certificates or copies certified as true copies by a notary public, an employee of the Insurance Company or, in the case of medical records, an employee of the medical facility concerned, as appropriate.

BONE FRACTURE AS A RESULT OF AN ACCIDENT

The claim was submitted with:

- a copy of the medical documentation proving that the Insured's bones were broken as a result of the accident, including the hospital information sheet, or the addresses of the institutions where the Insured was registered and treated in connection with the incident
- a copy of the accident or description of administration of first aid or emergency aid (emergency service, hospital)
- a copy of the report describing the circumstances of the incident (police report), if prepared
- description of the circumstances of the event

DISABILITY OF THE INSURED RESULTING FROM AN ACCIDENT

The claim was submitted with:

- a copy of the medical documentation proving the Insured's bodily injury following the occurrence of the accident, including the hospital information sheet, or the addresses of the facilities where the Insured was registered and treated in connection with the occurrence of the event
- description of the circumstances of the event
- a copy of the description of the provision of first aid or emergency assistance (ambulance, hospital) and a copy of the protocol describing the circumstances of the incident, if it was prepared

DEATH OF THE INSURED AS A RESULT OF AN ACCIDENT

The claim was submitted with:

- a certified copy of the abridged death certificate of the Insured
- a copy of the statistical death certificate or medical records confirming the cause of death or other documents proving death and inheritance
- a copy of the copy of the court decision regarding the confirmation of acquisition of the inheritance or of the notarial deed of inheritance – if the beneficiary is the heir of the Insured
- a copy of the description of the provision of first aid or emergency assistance (ambulance, hospital) and a copy of the protocol describing the circumstances of the incident, if it was prepared

REIMBURSEMENT OF REHABILITATION COSTS RESULTING FROM AN ACCIDENT LEADING TO A BROKEN BONE OR PERSONAL INJURIES

The claim was submitted with:

- a copy of the medical records proving the broken bones or bodily injury of the Insured in the consequence of the accident, including the hospital information sheet, or the addresses of the institutions where the Insured was registered and treated in connection with the occurrence of the event
- a copy of the accident or description of administration of first aid or emergency aid (emergency service, hospital)
- a copy of the report describing the circumstances of the incident (police report), if prepared
- copies of receipts proving rehabilitation treatment attended
- description of the circumstances of the event

NON-PARTICIPATION OF THE INSURED IN A SPORTING EVENT

The claim was submitted with:

- a copy of the documentation confirming the occurrence of one of the events indicated in the GTCI (this may include, depending on the type of event: a police report describing the circumstances of the event, an information sheet for hospital treatment, a copy of the abbreviated death certificate, a copy of sick leave, a statement of the carrier in connection with the delay of the means of transport, a confirmation of reporting the loss of documents to the police or another state authority)
- statement that the Insured did not participate in the sporting event

LOSS OF DOCUMENTS NECESSARY FOR TRAVEL

The claim was submitted with:

- a copy of the documentation proving the loss of documents necessary for travel (reporting the loss to the police or another state authority)
- copies of receipts, screenshots from the application, confirming the costs incurred for the new travel documents, and copies of receipts for the issue of new travel documents

Statements

Statements of the Insured to whom the claim relates (does not apply to a claim for death as a result of an accident)

I agree that the Insurance Company may apply to entities performing medical activity within the meaning of the regulations on medical activity, that provided me with health services, for information or medical records on circumstances related to verification of data about my health condition provided by me, determination of the right to a benefit under the insurance contract concluded and the amount of this benefit. The scope of information about health or medical records includes:

- 1) the reasons for the hospitalisation, the diagnostic tests carried out during the hospitalisation and their results, other health services provided and the results of the treatment;
- 2) the cause of outpatient treatment; any diagnostic tests performed at the time and their results; other provided health benefits; treatment results and prognosis;
- 3) the results of consultations;
- 4) the cause of my death.

The above-mentioned information shall be provided, excluding the results of DNA tests.

I agree to share the above data and documentation with the Insurance Company.

The above statements, authorisations and consents shall remain in force even after my death.

Yes No

I agree to the transfer to the Insurance Company by the National Health Fund (NFZ) of the names and addresses of service providers that have provided healthcare services in connection with an accident or chance occurrence, which are the basis for determining the Insurance Company's liability, amount of compensation, or benefit.

The authorisation shall remain in force also after I die.

Yes No

I authorise the Insurance Company to make enquiries at:

- 1) the Social Insurance Institution or the Farmers' Social Insurance Fund, in connection with the accident or event giving rise to the Insurance Company's liability;
- 2) other insurance companies with whom I am or was insured, or with whom an application was submitted to conclude or join an insurance contract, to the extent necessary verify the details specified by the Insured, and establish the right of the Insured to receive a benefit based on an insurance contract and the benefit amount or the information necessary to establish the right of the beneficiary under the insurance contract to receive a benefit and its amount.

The above authorisation shall also remain in force after I die.

Yes No

Signature of the Insured

Statement of the claimant other than the Insured making the application for a benefit

I declare that the document "Processing of personal data" has been made available to me.

Yes No

Statements by the Insured/claimant

I declare that all information provided by me in this application is true, complete and has been provided in good faith to the best of my knowledge.

I declare that I agree to (mark with a cross the selected form of information on the execution of this application; if not indicated, information on the execution of the application will be sent to the given correspondence address):

- receive correspondence about the claim by electronic means at the e-mail address indicated in this application;
- receive information about the reported claim by SMS to the phone number provided in the claim.

City

Date

Legible signature of the Insured / claimant

Please send your claim with documents to:

UNIQA Towarzystwo Ubezpieczeń S.A.

ul. Chłodna 51

00-867 Warsaw

On the envelope please include: **Bancassurance and Business Partner Programme Area**

* Mark appropriate.

Who is the controller of your data?

We, UNIQA Towarzystwo Ubezpieczeń Spółka Akcyjna with registered office in Warsaw, address: ul. Chłodna 51, 00-867 Warsaw, are the controller of your data.

Worth knowing

We = data controller, i.e. UNIQA Towarzystwo Ubezpieczeń S.A.

You = the person whose data we process

How to contact the data protection officer?

We have designated a Data Protection Officer who can be contacted by e-mail at: dane.osobowe@uniqa.pl or by mail sent to the address of the controller. The address can be found in the **Who is the controller of your data** section. You may contact the Data Protection Officer in all matters concerning the processing of personal data and the exercise of rights related to the processing of data.

What are the purposes and legal basis for the processing of your data

Your data is always processed lawfully for the purposes of:

- the performance of the insurance contract – the processing of the data is necessary for the performance of the contract;
- improving communication – the processing of contact data (e.g. phone number, e-mail), which is not obligatory but recommended, is based on the legitimate interest of the controller, which is to improve communication with you regarding matters related to the handling of your claim or the settlement of the claim;
- handling of claims and settlement of reported damage – the processing of the data is necessary for the fulfilment of a legal obligation imposed on the controller;
- fulfilment of legal obligations – the processing of data is necessary for the performance of legal obligations imposed on the controller arising, in particular, from tax and accounting legislation and sanctions arising from international obligations;
- asserting or defending against claims – the processing of data is necessary for the legitimate interest of the controller to be able to assert or defend against claims;
- to verify your satisfaction with the quality of our service or the manner in which it was provided – the processing of your data is necessary for the controller's legitimate interest in improving the quality of the service provided and to comply with the guidelines of the Polish Financial Supervision Authority;
- prevention of crime – the processing of data is necessary for the legitimate interest of the controller, i.e. to prevent and prosecute crime;
- statistical and analytical purposes, including profiling – the processing of data is necessary for the legitimate interest of the controller to perform statistics and analysis.

How long will we store your data?

Depending on the legal basis for processing of your personal data, it will be retained until the statute of limitations for claims under an insurance contract has expired, or the legal obligation to retain data has expired, or we have fulfilled our legitimate interest, or you object to processing based on a legitimate interest.

Who can we disclose or transfer your data to?

We may disclose your personal data to entities authorised to receive such data under the law, e.g., the Insurance Guarantee Fund, the Central Vehicle Registry, other insurance companies or reinsurance companies.

We may also transfer your personal data to entities processing data on behalf of UNIQA, e.g.: IT service providers, debt collection entities, entities providing assistance services, entities providing claims process support, and insurance agents. Entities to which we transfer your data process it based on the contract concluded with us, solely in accordance with our instructions.

Will we transfer your data outside the European Economic Area?

We may transfer your personal data outside the European Economic Area in accordance with applicable law in this regard. We may transfer data, in particular, based on decisions issued by the Commission or standard contractual clauses for the protection of personal data adopted by the Commission. You can obtain a copy of the document regulating the processing of your data outside the European Economic Area or information on where it is available.

What rights do you have?

You have the right to: access your personal data; rectify them; erase them; restrict their processing; object to processing that is carried out on the basis of a legitimate interest of the controller; transfer your personal data. You are also entitled to lodge a complaint with the President of the Office for the Protection of Personal Data.

What is automated decision-making, including profiling?

For certain types of claims, we will be able to process some of your data by automated means, i.e. without human involvement, including profiling. This involves verifying the information provided about the insurance event with the scope of cover. This is done in order to be able to make a decision in connection with an injury or a claim.

Example: If you are claiming compensation for flooding of your home or damage to your car, the data can be extracted automatically from the form and processed, resulting in an automatic decision to award compensation if the claim is valid.

You have the right to challenge an automatically made decision, express your own position, or obtain human intervention, meaning that a person will analyse the data and make a decision.

What else is worth knowing?

The provision of personal data is voluntary but is nevertheless a condition necessary to carry out the process of settlement of the reported damage or handling of the claim. Failure to provide the data will result in an inability to carry out the settlement process.

For personal data not obtained from you, the source of acquisition of your data may be, for example, another participant in the occurrence. The data obtained may include, in particular, name, address, date of birth, PESEL (Personal Identification Number), e-mail, telephone and possibly other data necessary for the settlement process.

In the case of damage involving vehicles, the source of obtaining data may also be the Insurance Guarantee Fund, from which we may obtain, among other things, the history of claim occurrences; from the Central Vehicle Registry we may obtain, among other things, the address, REGON (business identification number), PESEL (personal identification number), or the series, number and name of the document confirming identity, as well as the name of the country that issued the document, and information about the vehicle; from the Central Drivers Register we may obtain information about offences or crimes constituting violations of traffic regulations and assigned points, including driving under the influence of alcohol or a substance acting similarly to alcohol, the amount of the fine, and the fact of its payment, as well as the right to drive vehicles.