

CLAIM FORM
 personal accident

TO BE FILLED IN BY THE CLAIMANT

1. Policy no.
2. Company name
3. Name and surname of the Claimant
4. Date of birth of the Claimant [DD-MM-YYYY]
5. PESEL no.
6. Correspondence address
7. E-mail address*
8. Phone no.*

* Giving your telephone number and e-mail is not compulsory, but it may reduce the time it takes to process your claim.

9. TO BE FILLED IN BY THE EMPLOYER

- 1) Company name and address
- 2) Business trip period from [DD-MM-YYYY] until [DD-MM-YYYY]
- 3) Position

.....
 date

.....
 signature of an authorised person and company stamp

10. Date and place of the accident
11. Description of the accident, type of injury, names of witnesses, if available

12. Has the process of treatment and recovery been completed? YES NO
13. Have you contacted our Customer Assistance Centre? YES NO

14. Have any police reports been made with regard to the accident? YES NO

15. Was the injured person under the influence of alcohol at the moment of the accident? YES NO

PAYMENT ORDER

Please transfer the indemnity to:

bank account no. _____

bank name

account holder name

by postal order to the address

CLAIM DOCUMENTATION

The following should be attached to this application:

- 1) copy/scan of full medical documentation related to the accident (including copy of the hospital discharge summary and confirmation of completion of the treatment and recovery process)
- 2) copy of police reports and results for alcohol content in blood of the Insured (if applicable).

If the claim refers to the death of the Insured, the following should be attached:

- 1) medical documentation confirming cause of death
- 2) prosecutor's report
- 3) results of the autopsy (if such took place)
- 4) declaration on the Beneficiary authorization
- 5) copy of marriage certificate or birth certificate (if the Beneficiary is the offspring or spouse of the Insured)
- 6) notary certification of the ID copy of the Beneficiary
- 7) original of the death certificate or its notary certification.

Please indicate the appropriate fields in the declarations below.

Claimant's declarations

I, the undersigned, declare that all information provided by me in the form is true and in accordance with the facts.

Providing the following consents on behalf of the Insured, you represent that you are the person authorized to do so.

Submitting the declaration below is voluntary.

- YES NO I allow Colonnade Insurance S.A. Branch in Poland to obtain from entities performing medical activities, in the understanding of regulations about medical activity, information – including copies of medical documentation – about circumstances related to the assessment of insurance risk and verification of provided data about my health condition, determination of the right to the compensation from the concluded insurance agreement and the amount of this compensation (excluding results of genetic tests).
- YES NO I allow the National Health Fund, upon the request of Colonnade Insurance S.A. Branch in Poland, to make available, with reference to the verification of my health condition data, determination of the right for the compensation on account of the concluded insurance agreement and the amount of this compensation, the data (names and addresses) of service providers, who provided healthcare services with regard to the accident or loss occurrence in accordance with art. 38 section 8 of the Act of 11 September 2015 on Insurance and Reinsurance (i.e. Journey of Laws of 2015, item 1844 as amended).
- YES NO I allow other insurance companies to make available to Colonnade Insurance S.A. Branch in Poland my personal data processed by these companies – in the extent necessary to determine my eligibility to compensation due to the concluded insurance agreement and amount of this compensation, as well as for these companies to make known the information about the cause of my death or information indispensable to determine the right of the person authorized on account of the insurance agreement to receive the compensation and its amount.
- YES NO I agree to receive from Colonnade Insurance S.A. Branch in Poland documents and decisions related to the proceedings concerning the reported loss to the e-mail address I provided.
- YES NO I allow Colonnade Insurance S.A. Branch in Poland to provide information about the status of the claim proceedings, including the contents of the letters / decisions related to the reported loss to the Policyholder/Broker involved in the proceedings.

.....
Place and date

.....
Legible signature

RULES FOR THE PROCESSING OF PERSONAL DATA

Insurance S.A. operating in Poland through Colonnade Insurance Société Anonyme Branch in Poland (hereinafter: Colonnade or Controller). The purpose of processing personal data is the performance of the insurance contract, which is the legal basis for processing. When personal data is obtained from persons other than the Policyholder, the legal basis for processing of the personal data is the legitimate interest of the Controller, which is the performance of the contract. Processing of health data is carried out on the basis of and for the establishment, exercise or defense of legal claims.

Personal data may also be processed in order to comply legal obligations imposed on the Controller, and the necessity of processing such data always arises from the law (concerning: insurance activity, claims handling, tax and accounting issues, statistical and actuarial obligations and consumer protection) and for purposes arising from the legitimate interests of the Controller (i.e. reduction of insurance risks by reinsurance, prevention of losses of the Controller by preventing insurance crime, direct marketing of the Controller's own products by conducting analytical activities and contacting the data subject, ensuring compliance with international sanctions by conducting analyses, and asserting or defending against claims arising from the Controller's activities, including taking the necessary steps to secure them).

Personal data may be disclosed to other entities only in connection with the fulfilment of the above-mentioned purposes and on the basis of a written agreement (e.g. to IT service providers, insurance brokers, loss adjusters, debt collectors, marketing agencies) or in connection with purpose of the legitimate interests pursued by the Controller (e.g. to insurance companies, reinsurers, financial institutions or entities providing direct services to the data subject).

Depending on the purpose, personal data are always processed for no longer than the period of limitation of claims or the applicable law. Personal data may be transferred to third countries (outside the European Economic Area) only in situations defined by law, in particular when conditions are met to ensure an adequate level of security of personal data. In order to comply with established international sanctions, personal data related to the insurance contract may be transferred to the company DXC Technology, based in the United States, on the basis of standard data protection clauses adopted by the European Commission, which means that appropriate measures for the protection and security of personal data required by European legislation are ensured.

The data subject has the right to request access to personal data, the right to rectify, erase or restrict processing, the right to object to processing, the right to data portability and the right to lodge a complaint to the supervisory authority in charge of personal data protection (both in Poland and in Luxembourg), as well as the right to withdraw the consent. The provision of personal data is necessary for the conclusion and performance of the contract and the fulfilment of Colonnade's legal obligations. Without providing personal data it is not possible to conclude a contract (unless consents are optional).

The Controller can be contacted by writing to the Colonnade branch address, by calling +48 22 528 51 00 and by sending an e-mail: info@colonnade.pl. In all matters concerning the processing of personal data, in particular exercising rights related to data processing, right to object or transfer of data outside the EEA area, you can contact the Data Protection Officer at Colonnade (dpo@colonnade.pl) or by sending a letter to the address of Colonnade.