



więcej / niż standard

insurance

Insurance Claim Form

Notification of loss under liability insurance

In order to ensure that your claim is considered quickly and efficiently, please fill in this form in carefully and send it directly to the address of the company providing the loss settlement service and acting on behalf of AXA Ubezpieczenia TUiR S.A. (see below).

Please enclose the following with the form:

1. documents confirming the claim against the Insurance Holder
2. a police report, if there is one
3. witnesses' testimony
4. a photocopy of your ID document (ID card or passport)
5. medical records in the case of personal injury
6. original receipts for repair or purchase of damaged/destroyed item

Contact address:

Inter Partner Assistance Polska S.A.
ul. Prosta 68
00-838 Warsaw
phone +48 22 575 90 80

A. GENERAL INFORMATION

1. **First and last name of the person filling the form**
(or legal guardian)

2. Contact phone no. _____

3. **First and last name of the insurance holder**

4. Address

Town/City Postcode Street House/Apt. No.

Contact phone no. _____

5. Correspondence address

Town/City Postcode Street House/Apt. No.

6. E-mail Address

Do you wish to receive letters correspondence and notifications via e-mail? Yes No

7. PESEL no.* _____

8. Policy/booking No.

9. Date and place of policy purchase (applies to individual policies)

10. Name of trip organiser – travel agency (concerns group policies as part of agreements with tourist trip organisers)

B. INFORMATION CONCERNING THE TRIP

1. Trip duration

From DDMMYYYY to DDMMYYYY Country _____

C. INCIDENT INFORMATION

Information about the party aggrieved by the Insurance Holder

1. First and last name

2. Place of residence

Town/City Postcode Street House/Apt. No.

3. Accident date DDMMYYYY time HHMM

4. Location of incident

* Applies to Polish citizens only.

5. Circumstances of the incident

Please provide us with a detailed description of the incident and its circumstances (if the injury occurred while playing sports, please also state which sport):

6. Was the Insurance Holder (perpetrator) under the influence of intoxicants? [] Yes [] No

7. Was the Insurance Holder (perpetrator) under the influence of alcohol? [] Yes [] No

8. Was the blood of the Insurance Holder (perpetrator) tested? [] Yes [] No

9. Were criminal proceedings opened? [] Yes [] No
If so, against whom?

10. Was a police report prepared at the location of the incident? [] Yes [] No

11. Were there any witnesses to the accident? [] Yes [] No
If so, please provide us with the personal data and addresses of the witnesses:

12. Did the event result from: [] playing sport professionally [] practising extreme sports [] performing physical labour
[] while playing sport (if so, which sport?) _____
[] other cause (please specify) _____

13. Estimated value of damage _____ currency [] amount []

14. In light of the provisions of the law, does the Insurance Holder feel responsible for the damage? [] Yes [] No
If no, who is the responsible party?

15. How the payment is to be made [] postal order (please specify the residence address, if different from the address above)
Town/City _____ Postcode _____ Street _____ House/Apt. No. _____

16. Bank account number of the Beneficiary to whom compensation will be paid _____

17. Name of the bank _____

18. First and last name of the account holder _____

D. DATA CONCERNING OTHER INSURERS

1. Does the Insurance Holder have any other policy covering private civil liability? [] Yes [] No
If so, please indicate the name and address of the insurance company and the policy number:

2. Does the Insurance Holder have a bank card offering private civil liability insurance? [] Yes [] No
If so, please indicate the name and address of the bank and the card number:

E. DECLARATIONS

I give consent to the processing by AXA Ubezpieczenia TUiR S.A., with its registered office in Warsaw (00-867) at ul. Chłodna 51 ("Insurer"), of my personal data on health and addictions, provided in this form and in other documents submitted to the Insurer for the purpose of the performance of the insurance contract. The consent may be withdrawn at any time. However, its withdrawal does not affect the processing of personal data that took place before the consent was withdrawn.

[] Yes [] No _____
Date Signature of the Insurance Holder or his/her proxy

I declare that prior to giving the consent to the processing of my personal data on my health I received information about the principles of the processing of personal data.

[] Yes [] No _____
Date Signature of the Insurance Holder or his/her proxy

I undertake to inform the claimant about the content of information related to the personal data processing.

Date Signature of the Insurance Holder or his/her proxy