

**CLAIM REPORTING  
PROPERTY AND LIABILITY**



<b>Insured event number</b> <i>(to be completed by the insurance company):</i>											
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<b>Policy/proposal number:</b>											
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**The insured:**

<b>Name and surname:</b>		<b>VAT payer?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Street:</b>		<b>Municipality:</b>	
<b>Telephone:</b>		<b>Postal code:</b>	
<b>E-mail:</b>	@	<b>Bank account number / Bank:</b>	

**The aggrieved party:** (applicable only to liability for damage)

<b>Name / Business name:</b>		<b>VAT payer?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Street:</b>		<b>Municipality:</b>	
<b>Telephone:</b>		<b>Postal code:</b>	
<b>E-mail:</b>	@	<b>Bank account number / Bank:</b>	

**Basic information on the damage:**

<b>Date of occurrence:</b>		<b>Hour of occurrence:</b>		<b>The amount of damage (estimate):</b>	
<b>Place of occurrence:</b>					
<b>Cause and description of occurrence of damage:</b>					

**List of damaged items / extent of damage to health:** (please state any larger-scale damage in the annex)

**Additional information on the damage:**

Has the damage been reported to the police? <input type="checkbox"/> yes <input type="checkbox"/> no	Department, address, investing. file no.: Department, address: If no, who is the owner?
Has the damage been reported to the firefighters? <input type="checkbox"/> yes <input type="checkbox"/> no	
Are you the owner of the damaged item? <input type="checkbox"/> yes <input type="checkbox"/> no	
Where is the damaged item?	
Are you also insured against this damage with another insurer? <input type="checkbox"/> yes <input type="checkbox"/> no	Policy number:
Do you have any photographs of the damaged items? <input type="checkbox"/> yes <input type="checkbox"/> no	

**Who caused the damage and is liable for the damage (any person other than the insured and the aggrieved party):**

Name and surname:			
Street:		Municipality:	
Telephone:		Postal code:	
E-mail: _____ @ _____		Fax: _____	
Have you been reimbursed for the damage? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, in what amount?	

Pursuant to Section 10 of Act no. 122/2013 Coll. on the protection of personal data and pursuant to Section 78 of Act no. 39/2015 Coll. on insurance business, the insurer is also entitled, without the consent of and informing the data subject, to ascertain, acquire, record, store, use and otherwise process personal data and other data to the extent pursuant to Section 78 para. 1 and Section 72 para. 1 of Act no. 39/2015 Coll. on insurance business; the insurer is entitled to make copies of identity documents using automated or non-automated means and to process birth identification numbers and other data and documents defined in Section 78 para. 1 of Act no. 39/2015 Coll. on insurance business (more information available at <https://www.premium-ic.sk/informacie-o-spracuvani-osobnych-udajov-dotknutych-osob-spolocnostou-premium-insurance-company>).

In \_\_\_\_\_ on \_\_\_\_\_  
 . . . . .  
**Signature of the insured**

----- **PREMIUM Insurance Company Limited, pobočka poisťovne z iného členského štátu** -----

Šoltésovej 14, 811 08 Bratislava, | company ID number: 50 659 669 | registered with the Commercial Register of the District Court Bratislava I, section: Po, insertion no.: 3737/B Tel.: +421 850 888 988 | e-mail: poistenie@premium-ic.sk | www.premium-ic.sk | IBAN: SK 47 0900 0000 0051 2011 8452 | BIC: GIBASKBX

PREMIUM Insurance Company Limited, pobočka poisťovne z iného členského štátu operates in the territory of the Slovak Republic as an organizational unit of the insurance company PREMIUM Insurance Company Limited | The Landmark, Level 1, Suite 2, Triq I-Iljun, QRM 3800 Qormi, Republic of Malta | registered with the Business Registry of Malta under the company registration number: C 91171