**REPORTING A CLAIM**

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| --- | --- |
| **Number of loss/claim event:** | **Insurance policy number:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Insured:** | | | | |
| **Name/Company name:** |  |  | **VAT payer?** | yes  no |
| **Steet and number:** |  | **City:** |  |  |
| **Phone number:** |  | **Postcode:** |  |  |
| **E-mail:** |  | **Bank account:** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Claimant:** (applied only for liability claim) | | | | |
| **Name/Company name:** |  |  | **VAT payer?** | yes  no |
| **Steet and number:** |  | **City:** |  |  |
| **Phone number:** |  | **Postcode:** |  |  |
| **E-mail:** |  | **Bank account:** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Basic information about damage:** | | | | | |
| **Date of occurrence:** |  | **Time of occurrence:** |  | **Damage amount (also estimate):** |  |
| **Place of occurrence:** |  | | | | |
| **Cause and description of damage:** | | | | | |
| **List of damaged items/extent of damage to health:** (specify a larger scope in the annex) | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional information on damage:** | | | |
| **Was the damage reported to the police?** | yes | no | **Department, address, no. of investigation file:** |
| **Was the damage reported to firefighters?** | yes | no | **Department, address:** |
| **Are you the owner of a damaged item?** | yes | no | **If not, who do they belong to?** |
| **Where is the damaged item located?** | | | |
| **Are you insured with another insurer for this damage?**  yes  no **Insurance policy number:** | | | |
| **Have you provided photo documentation of the damaged items?**   yes  no | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Who caused the damage and is liable for the damage (other than the insured and injured party):** | | | |
| **Name and surname:** |  |  | |
| **Street:** |  | **City:** |  |
| **Phone number:** |  | **Postcode:** |  |
| **E-mail:** |  | **Fax:** |  |
| **Have you been compensated?** | yes  no | **If so, how much?** | |

Place ................................. date .............................. ..................................................................................

Name, surname/business name and signature

**Information on Personal Data Protection**

An Insurer as a branch of an insurance from another Member State in accordance with Article 6 (1) (b), (c) and (f) of Regulation (EU) 2016/679 of the European parliament and of the council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (hereinafter referred to as the "GDPR Regulation") is authorized as a contracting party to process the personal data of the other contracting party without its consent for the purpose of fulfilling the insurance contract and providing insurance indemnity.

Additional information pursuant to the provisions of Article 13 et seq. GDPR regulations concerning information and access to personal data, including the rights of the client and claimant as a data subject, are published by the insurer and provided to the client and claimant on the website www.premium-ic.sk. This information may also be provided in writing upon request.