

CLAIM FORM

Personal Accident

FILLED BY THE INSURED

1. Certificate number/Policy Number
2. Full name of the Insured/Policyholder
3. Date of birth of the Insured [DD-MM-YYYY]
4. Number of Passport or ID of the Insured
5. Correspondence address
6. E-mail address*
7. Telephone number*

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

8. Date and place of the accident
9. Detailed description of the accident, injury or loss and names of any witnesses

10. Has the medical treatment and rehabilitation process finished? YES NO
11. Have you contacted our Customer Assistance Center? YES NO
12. Have the Police investigated the accident and made a report? YES NO

MODE OF PAYMENT

Indemnity shall be paid to

Bank account no. _____

Bank name and address

SWIFT CODE number _____

Account holder name

Postal order to the address

CLAIM DOCUMENTATION

The following documentation must be enclosed with your claim:

- 1) copies of all medical documents connected with the accident, including documents confirming completion of medical treatment and rehabilitation
- 2) police report (if applicable)
- 3) copy of the insurance policy/certificate.

If the claim concerns the death of the Insured, additionally:

- 1) medical documents confirming the cause of death
- 2) prosecution/coroner report
- 3) autopsy report (if autopsy was conducted)
- 4) statement on establishing the Beneficiary
- 5) marriage certificate or birth certificate (if the Beneficiary is a descendant or spouse of the Insured)
- 6) notarized copy of the Beneficiary's identity card
- 7) original death certificate or notarized copy.

In the declarations below, please check the correct boxes.

Claimant 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.

Consent to the following statements is voluntary.

- YES NO I consent for Colonnade Insurance S.A. Branch in Poland to obtain information from entities carrying out medical activities, within the meaning of the regulations on medical activities, including copies of medical records on circumstances related to insurance risk assessment and verification of data on my health condition to determine the right to indemnity from the insurance contract concluded to my benefit and the amount of the indemnity (excluding the results of genetic tests).
- YES NO I consent to the disclosure by the National Health Fund, clinics, hospitals, other medical centers, at the request of Colonnade Insurance S.A. Branch in Poland, in connection with the verification of my health data to determine the right to indemnity from the insurance contract and the amount of the indemnity, the data (names and addresses) of healthcare providers, who offered health care services in connection with the accident or accident in accordance with Article 38 paragraph 8 of the Act of 11 September 2015, on insurance and reinsurance activity (i.e., Journal of Laws of 2015, item 1844, as amended).
- YES NO I consent for other insurance companies to provide Colonnade Insurance S.A. Branch in Poland with my personal data processed by these entities to the extent necessary to determine the Insured's right to indemnity from the concluded insurance contract and the amount of this indemnity, and to provide information on the cause of death of the Insured or information necessary to determine the right of the Policyholder to the indemnity 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 agree to receive a decision from Colonnade Insurance S.A. Branch in Poland concerning the processing of the claim to the phone number provided above.
- YES NO I want Colonnade Insurance S.A. Branch in Poland to provide information on the status of the claim proceedings, including the letters/decisions related to the claimed indemnity to the Policyholder participating in the proceedings.

Place and date

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.