

C. INFORMATION ON THE ACCIDENT

1. Date of the accident time
2. Place of the accident
3. Circumstances of the accident
Please give a detailed account of the event and the circumstances (if the injury was caused while playing sport, please state which discipline)
4. Description of injuries
5. Address of the centre in Poland where the customer was treated after the accident
6. Was the treatment completed? *If so, please state when.* yes no
7. Were the police/ambulance service/other institutions (*state names and addresses*) notified of the accident?
8. Was the accident notified to Inter Partner Assistance? yes no
9. Was the Insured (perpetrator) under the influence of narcotics? yes no
10. Was the Insured (perpetrator) under the influence of alcohol? yes no
11. Did the Insured have a blood test? yes no

D. PLEASE FILL IN THE PART BELOW ONLY IF THE INJURY WAS CAUSED BY A TRAFFIC ACCIDENT

1. Type of vehicle by which the Insured was travelling (a passenger car, a bus, etc.)
2. Was the Insured driving the vehicle? yes no
3. If so, did the Insured hold an appropriate driving licence? yes no

E. DECLARATIONS

I acknowledge that my personal data will be processed by AXA TuIR S.A. with its registered office in Warsaw, for the purpose of adjusting the loss being claimed.

I authorise the Company to acquire any medical information, save for results of genetic examinations, concerning the state of my health, from any doctor who treated me or provided me with medical advice, and also in all medical centres and healthcare institutions where I received medical assistance. Further, I agree to information on the state of my health being made available to the Company by doctors, medical centres and healthcare institutions.

I authorise the Company to obtain information in court, at the public prosecutor's office, and from the police and other bodies and institutions in connection with the accident or event that is the basis for establishing the Company's liability.

Date Signature of the Insured or attorney-in-fact

I hereby confirm that the information given above is true and I am aware that certifying an untruth or giving false information may result in my being held criminally liable and may result in a refusal to pay indemnity.

Date Signature of the person reporting the loss

We wish to inform you that providing your personal data is voluntary but necessary for the insurance contract to be implemented and the claim to be examined (the sole purpose – data processing). The data administrator is AXA Towarzystwo Ubezpieczeń i Reasekuracji S.A. with its registered office in Warsaw, 00-867, ul. Chłodna 51. The data subject is authorised to inspect and amend his/her personal data and to lodge a written and substantiated demand that his/her personal data no longer be processed in light of his/her special situation, and to object to the processing of his/her personal data.

If you need help in filling in this form, please call +48 22 575 90 80 or write to axa-likwidacja.szkode@ipa.com.pl.