AXA **redefining /** standards

Insurance Claim Form

Notification of loss under third party liability insurance

For the purpose of quick and efficient examination of the claim, please complete the form below accurately and send directly to the address of the loss adjuster acting on behalf of AXA TUiR S.A.

Please attach the following to the form:
1. documents confirming the existence of the claim against the Insured
2. a police report, if one was prepared
3. the testimonies of witnesses
4. a photocopy of your identity document (identity card or passport)
5. medical documentation in the case of bodily injury
6. original bills for the repair or purchase of a damaged/destroyed object

Correspondence address:

Inter Partner Assistance Polska S.A.
ul. Chłodna 51
00-867 Warszawa
tel. +48 22 575 90 80

A. GENERAL INFORMATION

1. **Name and surname of the claimant**
(or legal guardian)

2. Contact tel. no.

3. **Name and surname of the insured person**

4. Address

Town/City   Post code   Street   House number/flat number

Contact tel. no.

5. Correspondence address

Town/City   Post code   Street   House number/flat number

6. E-mail address

Do you consent to correspondence being sent to you by e-mail?   ☐ yes   ☐ no

7. PESEL personal electronic identity number*

8. Policy number/travel reservation number

9. Date and place where the policy was taken out (applies to individual policies)

10. Name of the travel agent – travel organizer (applies to group policies under agreements with tour operators)

B. TRAVEL INFORMATION

1. Time of travel   From D D M M Y Y Y Y until D D M M Y Y Y Y Country

C. INFORMATION ON THE EVENT

Information on the person injured by the Insured

1. Name and surname

2. Residence address

Town/City   Post code   Street   House number/flat number

3. Date of the accident D D M M Y Y Y Y   time H H M M

4. Place of event

5. Circumstances of the event
Please give a detailed account of the event and the circumstances (if the injury was caused while playing sport, please state which discipline):

6.	Was the Insured (perpetrator) under the influence of narcotics	☐ yes	☐ no
7.	Was the Insured (perpetrator) under the influence of alcohol?	☐ yes	☐ no
8.	Did the Insured have a blood test?	☐ yes	☐ no
9.	Have criminal proceedings been instituted? If so, against whom?	☐ yes	☐ no
10.	Was a police report drawn up on site?	☐ yes	☐ no
11.	Were there any witnesses to the accident? *If so, please state the names and addresses of the witnesses:*	☐ yes	☐ no

12. Did the event occur as a result of: ☐ playing competitive sport   ☐ playing extreme sports   ☐ physical labour

    ☐ while playing sport (if so, what discipline?) _____

    ☐ other reason (please specify) _____

13. Approximate amount of the losses   currency   amount

14.	In light of the law, does the Insured feel responsible for the damage? If not, who is responsible?	☐ yes	☐ no

15. Instructions on the method of payment of indemnity   ☐ postal order (please state the residence address if different from the one given above)

Town/City   Post code   Street   House number/flat number

16. Number of the Beneficiary's bank account to which indemnity should be paid

17. Name of the bank

18. Name and surname of the account holder

D. INFORMATION ON OTHER INSURER

1.	Does the Insured have another policy covering the scope of third party liability in his/her private life? *If so, please state the name of the company, address and policy number:*	☐ yes	☐ no
2.	Does the Insured have a bank card offering third party liability insurance in his/her private life? *If so, please state the name of the bank, address and card number:*	☐ 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 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.

D D M M Y Y Y Y   D D M M Y Y Y Y

Date   Signature of the Insured or attorney-in-fact   Date   Signature of the person reporting the loss

* Applies to Polish citizens only.