



więcej / niż standard

insurance

# 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. Prosta 68**  
**00-838 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 DDMMYYYY until DDMMYYYY 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 DDMMYYYY time HHMM

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?  yes  no
If so, against whom?

10. Was a police report drawn up on site?  yes  no

11. Were there any witnesses to the accident?  yes  no
If so, please state the names and addresses of the witnesses:

\_\_\_\_\_
\_\_\_\_\_

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?  yes  no
If not, who is responsible?

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?  yes  no
If so, please state the name of the company, address and policy number:

\_\_\_\_\_

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

\_\_\_\_\_

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.

DDMMYYYY Signature of the Insured or attorney-in-fact DDMMYYYY 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 Ubezpieczen i Reasekuracji S.A. with its registered office in Warsaw, 00-867, ul. Chlodna 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.

\* Applies to Polish citizens only.