

Accident Report

Reporter

Name, surname

Telephone No

E-mail

Policyholder

Name, surname / company name

Policy No

Victim

Name, surname

Personal code

Telephone No

E-mail

Address

Location and circumstances of the accident

Date and time of the accident h min

Description of the exact location and circumstances of the accident

Which part of the body was injured? Which side?

Diagnosis

Medical institutions in which treatment took place and/or is taking place (name, address)

In case of an insured event, please pay the indemnity to the specified bank account* (*If the victim is a minor, please indicate his/her bank account)

Name, surname of the account owner

Date of birth of the account owner

Country of residence

Bank name

Bank code

Enclosed documents

Doctor's statement Consent to the processing of personal data Certificate of incapacity Other

By signing this document I confirm that I have provided correct data in the report.

I agree to receive all information related to the claim case (including details on my health) from the insurer either by email to the email address I have provided. I fully understand that provision of information by email is of limited security and I take all responsibility for sending the aforementioned information in the said manner. I undertake to notify the insurance company of any changes in my email address within one working day.

I agree I disagree

Date

Name, surname, signature of the victim (If the victim is a minor, his legal representative shall sign the report)