



więcej / niż standard

insurance

# Insurance Claim Form

## Notification of loss under liability insurance

In order to ensure that your claim is considered quickly and efficiently, please fill this form in carefully and send it directly to the address of the company providing the loss settlement service and acting on behalf of AXA Ubezpieczenia TUIR S.A. (see below).

Please enclose the following with the form:

1. documents confirming the claim against the Insurance Holder
2. police report, if there is one
3. witnesses' testimony
4. photocopy of ID document (ID card or passport)
5. medical records in the case of personal injury
6. original receipts for repair or purchase of damaged/destroyed item

Contact address:

**Inter Partner Assistance Polska S.A.**  
**ul. Prosta 68**  
**00-838 Warsaw**  
**phone: +48 22 575 90 80**

### A. GENERAL INFORMATION

1. **First and last name of the person filing the form**  
(or legal guardian)

2. Contact phone no.

3. **First and last name of the Insurance Holder**

4. Address

Town/City Postcode Street House/Apt. No.

Contact phone no.

5. Correspondence address

Town/City Postcode Street House/Apt. No.

6. E-mail address

Do you wish to receive correspondence and notifications via e-mail?  yes  no

7. PESEL no.\*

8. Policy/booking no.

9. Date and place of policy purchase (applies to individual policies)

10. Name of travel organiser – travel agency (concerns group policies under agreements with tour operators)

### B. TRAVEL INFORMATION

1. Travel duration  
from       to       Country

### C. INCIDENT INFORMATION

**Information about the party aggrieved by the Insurance Holder**

1. First and last name

2. Place of residence

Town/City Postcode Street House/Apt. No.

3. Accident date       time

4. Location of incident

\* Applies to Polish citizens only.

5. Circumstances of the incident

Please provide us with a detailed description of the incident and its circumstances (if the injury occurred while playing sport, please also state which sport):

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6. Was the Insurance Holder (perpetrator) under the influence of intoxicants?  yes  no

7. Was the Insurance Holder (perpetrator) under the influence of alcohol?  yes  no

8. Was the blood of the Insurance Holder (perpetrator) tested?  yes  no

9. Were criminal proceedings opened?  
If so, against whom?  yes  no

10. Was a police report prepared at the location of the incident?  yes  no

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

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12. Did the event result from:  playing sport professionally  practising extreme sports  performing physical labour  
 while playing sport (if so, which sport?) \_\_\_\_\_  
 other cause (please specify) \_\_\_\_\_

13. Estimated value of damage currency amount  
\_\_\_\_\_ / \_\_\_\_\_

14. In light of the provisions of the law, does the Insurance Holder feel responsible for the damage?  
If not, who is the responsible party?  yes  no

15. How the payment is to be made  postal order (please specify the residence address, if different from the address above)

Town/City \_\_\_\_\_ Postcode \_\_\_\_\_ Street \_\_\_\_\_ House/Apt. No. \_\_\_\_\_

16. Bank account number  
of the Beneficiary to whom compensation will be paid \_\_\_\_\_

17. Name of the bank \_\_\_\_\_

18. First and last name of the account holder \_\_\_\_\_

**D. DATA CONCERNING OTHER INSURERS**

1. Does the Insurance Holder have any other policy covering private civil liability?  
If so, please indicate the name and address of the insurance company, and the policy number:  yes  no

2. Does the Insurance Holder have a bank card offering private civil liability insurance?  
If so, please indicate the name and address of the bank, and the card number:  yes  no

**E. DECLARATIONS**

I agree to the processing of my personal data, including data on health and addictions, by AXA Ubezpieczenia TUiR S.A. with its registered office in Warsaw, in order to handle the claim filed. I undertake to inform the claimant about the content of information related to the personal data processing.

  D  D  M  M  Y  Y  Y  Y   \_\_\_\_\_  
Date Signature of the Insurance Holder or his/her proxy

**Information on personal data processing**

Please be informed that the provision of personal data is voluntary, but necessary for the implementation of the insurance contract and the consideration of the reported claim (exclusive purpose of data processing). The data controller is AXA Ubezpieczenia Towarzystwo Ubezpieczeń i Reasekuracji S.A. with its registered office in Warsaw (00-867) at ul. Chłodna 51. The data subject has the right to access and correct his/her personal data, as well as to file a written reasonable request for cessation of the data processing due to their particular situation, and to object to the data being processed.

I undertake to inform the claimant about the content of information related to the personal data processing.

  D  D  M  M  Y  Y  Y  Y   \_\_\_\_\_  
Date Signature of the person filing the claim (if other than the Insured)

If you need help with completing this form, please contact: tel. +48 22 575 90 80 or e-mail axa-likwidacja.szkod@ipa.com.pl