Loss report
Accident and medical treatment costs insurance

INFOLINE AND LOSS REPORTING: tel. 22 469 69 69

wiener
VIENNA INSURANCE GROUP

Loss no.

Emergency centre no.

Applicant

Name

Surname

Address

House no.

Suite no.

Postcode

City

Personal identity no.

Date and place of birth

Telephone

E-mail address

Insured/injured person

Name and surname

Address

House no.

Suite no.

Postcode

City

Personal identity no.

Date and place of birth

Telephone

E-mail address

Entitled person (In case of the death of insured person)

Name and surname	Address (street, number, postcode, city)	Telephone / E-mail address	Entitled person's character
			☐ Legal guardian ☐ Another entitled person
			☐ Legal guardian ☐ Another entitled person
			☐ Legal guardian ☐ Another entitled person

Policy

Policy series and no.

Data regarding the incident

Date of accident / illness Day – Month – Year

Hour of accident :

Place of the incident (country, city, street)

Description of the incident circumstances

Did the injured person die as a result of the accident? ☐ No ☐ Yes

Date of death Day – Mont – Year

Suffered injury / illness (medical diagnosis)

Who and when rendered the first medical assistance to the injured person?

Names and places of medical institutions where the insured person was treated due to the currently reported accident/illness.

Names and places of medical institutions where the insured person was treated before the reported accident/illness.

Was any of entities mentioned below present at the place of the incident? (please enter address of the entity present at the place of the incident)?

☐ Police — Address

☐ City guards — Address

☐ Fire brigade — Address

☐ Ambulance service — Address

☐ Others (what institution?) — Address

Was the incident connected with:

☐ transport accident ☐ employment ☐ competitive sport

☐ other causes

Was the injured person under the influence of alcohol, drugs or other narcotics? ☐ No ☐ Yes

Witnesses of the incident

Name Surname

Address House no. Suite no. Postcode

City Personal identity no.

Identity card no. Telephone E-mail address

Name Surname

Address House no. Suite no. Postcode

City Personal identity no.

Identity card no. Telephone E-mail address

Costs of treatment

☐ In the amount of ..... were paid personally by the insured person

☐ In the amount of ..... were paid by Emergency Centre

☐ In the amount of ..... were paid by a friend or relative

☐ In the amount of ..... remain to be paid to the bill issuer

Apart from the claims regarding the costs of treatment and accident, I additionally submit claim regarding:

Return of paid costs / benefit payment

In what way Wiener TU S.A. Vienna Insurance Group is to return the paid costs or the benefit payment?

☐ by bank transfer on account

Name | Surname

on account no.

Street | House no. | Suite no.

City | Postcode

☐ by postal order on address

Name | Surname

Street | House no. | Suite no.

City | Postcode

☐ collection of cash at bank

Name | Surname

Personal identity no. | Identity card no.

Are you entitled to a benefit under another insurance contract? (what contract?)

Enclosed medical documentation:

Declaration of insured person

Information clause regarding processing of personal data
The administrator of personal data on a report on damages and on attached documents is Wiener TU S.A. Vienna Insurance Group with office in Warsaw, ul. Wołoska 22A. Collected data will be processed in accordance with the Act of 29 August 1997 on protection of personal data (Journal of Laws of 2002, No. 101, item 926 as amended) to execute the process of loss adjustment, as well as archiving. Every person is entitled to access their data and correct it. Provision of data is voluntary but necessary for execution of the report.

Declaration of consent for processing sensitive personal data
I agree for processing of my personal data regarding the state of health which are included in the loss report, as well as in documents which are enclosed to the report by Wiener TU S.A. Vienna Insurance Group to execute the process of loss adjustment, as well as archiving

Declaration on repealing medical confidentiality
I release the doctors who treat me from the obligation to maintain confidentiality of medical information and I agree to make the information and medical documentation of my treatment by medical institutions/doctors available to Wiener TU S.A. Vienna Insurance Group in accordance with art. 22 par. 3 from 22 May 2003 on insurance activities..

Additional and voluntary declaration of an applicant regarding electronic communication
I agree for Wiener TU S.A. Vienna Insurance Group to send me information regarding this loss report, in particular information concerning registration of the report and the necessity to complement the documents, by electronic mail to the email address given by me.

I state that I provided the above information truthfully and according to the best knowledge. Every untruthful declaration or another action that can be misleading for Wiener TU S.A. Vienna Insurance Group can cause the loss of right to receive the benefit.

Agent / broker no.

Date and the legible signature of entitled person

Date and the legible signature of insured person / legal guardian