

THIRD PARTY LIABILITY CLAIM

Please, complete the present form carefully and send it directly to the address of SIGNAL IDUNA Polska TU S.A. or via the travel office. You are requested to enclose also the following additional documents:

1. Insurance policy (does not apply to the general agreements),
2. All document confirming the claim or its possibility towards the Insured,
3. Statements of the witnesses.

Address:

SIGNAL IDUNA Polska TU S.A.
Zespół Obsługi Roszczeń Turystycznych
ul. Przyokopowa 31, 01-208 Warszawa; Tel. 22 505 61 60

PERSONAL DATA OF INSURED

1. Name and surname

2. Address postal code city street telefon

3. Correspondence address:

4. E-mail:

5. Data of birth:
 day month year parents names occupation

Do you agree to have the correspondence re. the notified claim sent (e-mail, sms?) Yes No

DATA OF POLICY

6. Policy number valid from until
 day month year day month year

7. Policyholder /Travel office

INFORMATION ON CLAIM

8. Departure from Poland: Back in Poland:
 day month year time day month year time

9. Claim:
 day month year time city country

10. Was the claim reported to the Emergency Call Centre? Yes No

11. Detailed description of the circumstances and course of the event:

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12. Names and surnames and addresses of the witnesses, if applies:

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13. Have the criminal proceedings been initiated? Who was charged?

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14. Names and surnames of the injured persons:

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15. The approximately value of the loss:

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16. Have you any other insurance policy covering this particular event? Yes No

If Yes, then please provide:

the name of the insurer: policy number:

DECLARATION

I certify that all information given above is true and complete to the best of my knowledge.

CLAIMS PAYMENT

The due reimbursement shall be delivered to the following PLN bank account:

No.

Name and the no. of the bank branch:

Name and surname of the bank account owner:

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Date and signature of the Policyholder/ Office travel clerk

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Date and signature of the Insured