

12. Names and addresses of the medical providers where the Insured had been treated before the accident:

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13. Names and addresses of the medical providers where the Insured had been treated after the accident:

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14. Name and surname of the GP:

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15. In the case of an car accident please provide the license number and the police station the accident was reported to:

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16. In the case the Insured was driving the car at the moment of the accident, please provide the number and the category of the driving license:

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17. Where and by whom the Insured was given the first medical aid?

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18. Has the after-accident-treatment and rehabilitation been already finished? Yes No

(If not, please provide the possible date of closing treatment, if known)

19. Names and surnames and addresses of the witnesses:

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20. In the case of the death of the witness please provide the personal data and address of the person who files a claim.

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4. DECLARATION

1. By signing this claim form, I certify that all information given above is true and complete to the best of my knowledge.
2. I consent my personal medical records to be disclosed by the physicians who treat me and to be passed the medical documentation including that information through to the physicians working for SIGNAL IDUNA Polska TU S.A.
3. I consent my personal medical records to be disclosed by the public and non public medical providers as well as the PZU (Polish Insurance Company) and to be accessible to the physicians of SIGNAL IDUNA Polska TU S.A.

5. COMPLAINTS

1. The Customer may file complaints and grievances containing reservations concerning services being provided by SIGNAL IDUNA (hereinafter jointly referred to as "complaints") in the following places and in the following form:
 - a) in writing to the address: SIGNAL IDUNA Polska TU S.A., ul. Przyokopowa 31, 01-208 Warszawa,
 - b) by fax at: 22 50 56 101,
 - c) by e-mail at: reklamacje@signal-iduna.pl,
 - d) by calling 0 801 120 120 or 22 50 56 506,
 - e) in person at the registered office of SIGNAL IDUNA (address as above) or at the Regional Insurance Services Centre (contact details of the Regional Insurance Services Centres of SIGNAL IDUNA are provided on the website and are updated on an on-going basis). The complaint should contain the Customer's contact details enabling identification and contact for the purpose of providing answers (first and last name, address, number of the insurance contract which the complaint concerns or the number of the case concerning the claim, previously assigned by SIGNAL IDUNA).
2. SIGNAL IDUNA shall examine the complaint and answer it immediately, not later than within 30 days of receipt thereof, unless particularly complicated circumstances occur, making it impossible to examine the complaint and to give an answer within that time. In this case, SIGNAL IDUNA will inform the Customer about the reasons for the delay and the circumstances which must be clarified in order to examine the case, and will indicate the anticipated date by which the complaint will be examined and answer given, which may not exceed 60 days from the day the complaint is received. The answer to the complaint is given in writing and, at the Customer's request, it can also be sent by e-mail.

6. 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: