

TRAVEL LUGGAGE/SPORT EQUIPMENT INSURANCE 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 agency. You are requested to provide also the following documents:

1. Insurance policy (does not apply to the general agreements),
2. Police report - if made up,
3. Certificate from the carrier - if issued,
4. Certificate from the hotel, holiday resort, camp, etc. - if issued

Additionally, depending on the type of claim, please provide the following documents:

1. Statements of the witnesses,
2. Original invoices and payment receipts for the rent of ski equipment,
3. Other documents confirming the filed claims.

Address:

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

1. PERSONAL DATA OF INSURED

1. Name and surname

2. Address: postal code city street telephone number

3. Correspondence address:

4. E-mail:

5. Date of birth: parents names occupation

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

2. DATA OF POLICY

6. Policy number: valid from until

7. Policyholder /Travel agency:

3. INFORMATION ON CLAIM

8. Departure from Poland: Return to Poland:

9. Incident: city country

10. Type of claim:

11. Detailed description of the incident:

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12. The incident was reported to: Police/ tour operator/ Polish branch office abroad.

13. If there are witnesses of the incident, please provide their names and surnames and addresses:

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14. List of damaged and/or missing items:

Item	Type of material	Original value	Degree of damage

The total value of the notified damages in PLN:

15. Have you any other insurance policy covering that incident? Yes No
If Yes, please provide:

The name of the insurer policy number:

4. DECLARATION

By signing this claim form, I certify that all information given above is true and complete to the best of my knowledge.

5. COMPLAINTS

- 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:
 - in writing to the address: SIGNAL IDUNA Polska TU S.A., ul. Przyokopowa 31, 01-208 Warszawa,
 - by fax at: 22 50 56 101,
 - by e-mail at: reklamacje@signal-iduna.pl,
 - by calling 0 801 120 120 or 22 50 56 506,
 - 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).
- 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 paid to the following PLN bank account:

No.

Name and the number of the bank branch:.....

Name and surname of the bank account owner: