

Colonnade Insurance Société Anonyme Branch in Poland ul. Prosta 67 00-838 Warsaw, Poland

Claim settlement contacts:

() +48 22 483 39 70

○ Mon.–Fri. 09.00–17.00

CLAIM FORM Loss of personal property

TO BE FILLED IN BY THE CLAIMANT

1.	Policy no.								
2.	2. Company name								
3.	Name and surname of the Claimant								
4.	1. Date of birth of the Claimant [DD-MM-YYYY]								
5.	ID Number (PESEL) of the Insured								
6.	. Correspondence address								
7.	E-mail address*								
8.	Phone no.*								
* (Giving your telephone number and e-mail	l is not compulsory, but it may reduce the	e time it takes to process your claim.						
9. TO BE FILLED IN BY THE EMPLOYER 1) Company name and address									
								2) Business trip period	from [DD-MM-YYYY]
	3) Position								
	date		signature of an authorised person and company stamp						
10.	. Date and place of event								
11.	Description of the event								
12	List of lost/damaged personal prop	nertv							
12.	List of personal property		Date of purchase	Amount and currency/value					

13.	Do you have any other personal property insurance valid on the day of the loss event?			☐ YES	□ NO			
	If the	e answe	er is yes, please provide the name of the insurer, policy number and period of policy validity					
14.	Have	e you co	ontacted our Customer Assistance Centre?	□ YES	□NO			
15.	Have	e any po	olice reports been made with regard to the accident?	□ YES	□NO			
PAY	MEN	T ORD	ER					
	Plea	se tran	sfer the indemnity to:					
	□ ba	ank acc	count no.					
	ba	ank nar	ne					
	a	ccount	holder name					
	□ by	y posta	I order to the address					
CLA	AIM D	осим	ENTATION					
Plea	se at	tach th	e following documentation to this claim:					
1) p	olice	reports						
			onfirming the ownership of lost property (receipts, guarantees, etc.)					
3) 0	ther o	docume	entation confirming the loss/damage of the property.					
Plea	ase in	dicate t	the appropriate fields in the declarations below.					
Clai	mant	's decl	arations					
I, the	e und	ersigne	d, declare that all information provided by me in the form is true and in accordance with the facts.					
Prov	/iding	the foll	owing consents on behalf of the Insured, you represent that you are the person authorized to do so.					
Sub	mittin	g the de	eclaration below is voluntary.					
□ Y	ES	□ NO	I agree to receive from Colonnade Insurance S.A. Branch in Poland documents and decisions related to the proceedir reported loss to the e-mail address I provided.	ngs concer	ning the			
□ Y	ES	□ NO	I agree to receive a decision from Colonnade Insurance S.A. Branch in Poland concerning the processing of the conumber provided above.	claim to the	phone			
□ Y	ES	□ NO	I allow Colonnade Insurance S.A. Branch in Poland to provide information about the status of the claim proceedings, tents of the letters/decisions related to the reported loss to the Policyholder/Broker involved in the proceedings.	including t	he con-			
□ Y	ES	□ NO	I declare that on behalf of the above insurance occurrence I have not received the compensation from another insurance at third party, I am not currently making attempts and I am not going to attempt to receive the compensation.	irance com	pany or			
□ Y	I YES NO I allow other insurance companies to make available to Colonnade Insurance S.A. Branch in Poland my personal data processed be these companies – in the extent necessary to determine my eligibility to compensation due to the concluded insurance agreement an amount of this compensation, as well as for these companies to make known the information about the cause of my death or information indispensable to determine the right of the person authorised on account of the insurance agreement to receive the compensation and its amount.							
			Place and date Legible signature					

RULES FOR THE PROCESSING OF PERSONAL DATA

Insurance S.A. operating in Poland through Colonnade Insurance Société Anonyme Branch in Poland (hereinafter: Colonnade or Controller). The purpose of processing personal data is the performance of the insurance contract, which is the legal basis for processing. When personal data is obtained from persons other than the Policyholder, the legal basis for processing of the personal data is the legitimate interest of the Controller, which is the performance of the contract. Processing of health data is carried out on the basis of and for the establishment, exercise or defense of legal claims.

Personal data may also be processed in order to comply legal obligations imposed on the Controller, and the necessity of processing such data always arises from the law (concerning: insurance activity, claims handling, tax and accounting issues, statistical and actuarial obligations and consumer protection) and for purposes arising from the legitimate interests of the Controller (i.e. reduction of insurance risks by reinsurance, prevention of losses of the

Controller by preventing insurance crime, direct marketing of the Controller's own products by conducting analytical activities and contacting the data subject, ensuring compliance with international sanctions by conducting analyses, and asserting or defending against claims arising from the Controller's activities, including taking the necessary steps to secure them).

Personal data may be disclosed to other entities only in connection with the fulfilment of the above-mentioned purposes and on the basis of a written agreement (e.g. to IT service providers, insurance brokers, loss adjusters, debt collectors, marketing agencies) or in connection with purpose of the legit-imate interests pursued by the Controller (e.g. to insurance companies, reinsurers, financial institutions or entities providing direct services to the data subject).

Depending on the purpose, personal data are always processed for no longer than the period of limitation of claims or the applicable law. Personal data may be transferred to third countries (outside the European Economic Area) only in situations defined by law, in particular when conditions are met to ensure an adequate level of security of personal data. In order to comply with established international sanctions, personal data related to the insurance contract may be transferred to the company DXC Technology, based in the United States, on the basis of standard data protection clauses adopted by the European Commission, which means that appropriate measures for the protection and security of personal data required by European legislation are ensured.

The data subject has the right to request access to personal data, the right to rectify, erase or restrict processing, the right to object to processing, the right to data portability and the right to lodge a complaint to the supervisory authority in charge of personal data protection (both in Poland and in Luxembourg), as well as the right to withdraw the consent. The provision of personal data is necessary for the conclusion and performance of the contract and the fulfilment of Colonnade's legal obligations. Without providing personal data it is not possible to conclude a contract (unless consents are optional).

The Controller can be contacted by writing to the Colonnade branch address, by calling +48 22 528 51 00 and by sending an e-mail: info@colonnade.pl. In all matters concerning the processing of personal data, in particular exercising rights related to data processing, right to object or transfer of data outside the EEA area, you can contact the Data Protection Officer at Colonnade (dpo@colonnade.pl) or by sending a letter to the address of Colonnade.