

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

☑ claimstravel@colonnade.pl☑ www.colonnade.pl

## CLAIM FORM delay/loss of luggage, flight delay/annulment

TO BE FILLED BY THE CLAIMANT

1. Policy no.										
2.	2. Company name									
3.	3. Name and surname of the Claimant									
4.	4. Date of birth of the Claimant [DD-MM-YYYY]									
5.	5. ID Number (PESEL) of the Insured									
6.	6. Correspondence address									
7.	E-mail address*									
8. Phone no.*										
* Giving your telephone number and e-mail is not compulsory, but it may reduce the time it takes to process your claim.										
9.	9. TO BE FILLED IN BY THE EMPLOYER									
	1) Company name and address									
	2) Business trip period	from [DD-MM-YYYY]	until [DD-MM-YY)	Y]						
	3) Position									
	date		signature of an authorised per	son and company stamp						
10	Date and place of insured event									
11.	Detailed description of circumstance	es								
12.	List of expenses incurred due to the delayed/lost luggage, or delayed/cancellation flight									
	List of expenses		Date of purchase	Amount and currency/value						

13.	Do you have another insurance of luggage delay, delay/flight cancellation valid on the day of the event?				□ NO				
	If the								
14.	Have	you co	ontacted our Customer Assistance Centre?	☐ YES	□ NO				
15.	Have	any po	olice reports been made with regard to the event?	☐ YES	□NO				
PAY	MEN <sup>-</sup>	T ORD	ER						
	Pleas	se trans	sfer the indemnity to:						
	□ bank account no								
	bank name								
	account holder name								
	□ by postal order to the address								
CLA	IM D	осим	ENTATION						
Plea	se att	tach the	e following documentation to this claim:						
	-		ots/invoices for incurred costs/lost items						
		_	nt tickets / online reservations of the original itinerary						
			arrier's confirmation the event took place along with the decision of granting/refusing to award the damages						
4) other documents confirming the inability of taking the trip.									
Please indicate the appropriate fields in the declarations below.									
Clai	mant'	's decla	arations						
		-	d, declare that all information provided by me in the form is true and in accordance with the facts.						
	_		owing consents on behalf of the Insured, you represent that you are the person authorized to do so.						
			eclaration below is voluntary. I agree to receive from Colonnade Insurance S.A. Branch in Poland documents and decisions related to the proceedir	ngs conceri	ning the				
			reported loss to the e-mail address I provided.		Ü				
□ Y	ES [	□ NO	I agree to receive a decision from Colonnade Insurance S.A. Branch in Poland concerning the processing of the c number 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			I declare that on behalf of the above insurance occurrence I have not received the compensation from another insu from a third party, I am not currently making attempts and I am not going to attempt to receive the compensation.		,				
□ Y	YES NO I agree other insurance companies to make available to Colonnade Insurance S.A. Branch in Poland my personal data processed by these companies – in the extent necessary to determine my eligibility to compensation due to the concluded insurance agreement and amount of this compensation.								
			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.