

5 Request

for

PAYMENT OF INSURANCE INDEMNITY UNDER PERSONAL ACCIDENT AND SICKNESS INSURANCE

To
.....
(insurance company)

REQUEST

In case of insurance event
0800 11 111

Information on the way we process your personal data and your rights
in this regard can be found on the Company's website: www.bulstrad.bg

BULSTRAD VIENNA INSURANCE GROUP
1000 Sofia, 5 Positano Sq. • Tel.: 02 9856610
UIC 000694286 • License of insurance activity No. 11/16.07.1998

230029

A. Details of the Claimant / Authorized person with POA	
Name.....	Personal ID <input type="text"/>
<input type="checkbox"/> natural person <input type="checkbox"/> authorized person /with POA No /.....	
Address: res. area, street City	
ID card	e-mail..... Tel:.....
B. Details of the Insured	
Name.....	Personal ID/Bulstat: <input type="text"/>
Address: res. area, street City	
ID card	e-mail..... Tel:.....
Insurance policy No:..... Covers/Clauses:.....	
C. Details of the Injured/Affected Person	
Name.....	Personal ID <input type="text"/>
Medical center where first aid was provided:..... on date.....	
Address: res. area, street City	
Name, address, tel. of general practitioner.....	
Brief description of injuries	
Brief description of sickness	
Name and address of employer	
Have you filed an insurance claim with another insurance company for compensation of your injuries/condition? <input type="checkbox"/> yes <input type="checkbox"/> no	
<i>If YES, please provide accurate information:</i>	
Nature of incurred loss: <input type="checkbox"/> monetary <input type="checkbox"/> personal injury <input type="checkbox"/> driver of vehicle <input type="checkbox"/> passenger in vehicle <input type="checkbox"/> sickness <input type="checkbox"/> labor accident <input type="checkbox"/> non-labor accident	
Sick leave period: from..... to..... Health insurance No	
Hospital stay Home treatment	
D. Incurred expenses	
Description of expenses incurred for medical treatment and recovery:	
E. Date, place and circumstances / causes of the occurrence:	
.....	
F. Witnesses of the occurrence/accident	
Name.....	Name.....
Address	Address
City Tel:.....	City Tel:.....

G. In case of death due to sickness/personal accident

Heirs:

Name.....	Personal ID <input style="width: 100%;" type="text"/>
Address	Tel.:
Name.....	Personal ID <input style="width: 100%;" type="text"/>
Address	Tel.:
Name.....	Personal ID <input style="width: 100%;" type="text"/>
Address	Tel.:
Name.....	Personal ID <input style="width: 100%;" type="text"/>
Address	Tel.:

H. Declaration of Claimant/Insured:

I/we declare that the answers and data provided by me/us above is true and complete and I/we give my/our consent that Bulstrad Vienna Insurance Group may use the data in connection to the procedures and administration of my/our claim for insurance indemnity. I/we are aware of the liability I/we bear for provision of false data, according to Art. 313 of the Penal Code.

Signature:..... Date:..... Signature:..... Date:.....
Injured person
Authorized person

I. Documents necessary for filing a claim:

Submitted documents shall be marked with **X**, requested document shall be circled with **O**

1. <input type="checkbox"/> Discharge summary (epicrisis)	12. <input type="checkbox"/> Findings report of a labor accident
2. <input type="checkbox"/> Medical leave note (number of notes)	13. <input type="checkbox"/> Declaration of a labor accident
3. <input type="checkbox"/> X-ray images (number of images)	14. <input type="checkbox"/> Record of a labor accident
4. <input type="checkbox"/> Outpatient visit report from attending physician	15. <input type="checkbox"/> Order of the National Social Security Agency
5. <input type="checkbox"/> Personal outpatient card – copy	16. <input type="checkbox"/> Conclusive report
6. <input type="checkbox"/> Decision of a Labor Expert Medical Commission	17. <input type="checkbox"/> Death certificate
7. <input type="checkbox"/> Other medical documents	18. <input type="checkbox"/> Certificate of heirs
8. <input type="checkbox"/> Record of first aid provided	19. <input type="checkbox"/> Autopsy report
9. <input type="checkbox"/> Findings report from a traffic accident	20. <input type="checkbox"/> Other documents
10. <input type="checkbox"/> Results from an alcohol blood test	21. <input type="checkbox"/> Original copies of invoices for incurred expenses
11. <input type="checkbox"/> Note/record from employer	22. <input type="checkbox"/> Bank account certificate for the IBAN number

K. Indemnity

I would like to receive insurance indemnity at the following bank account:
 IBAN..... BIC..... with bank..... branch.....

I will certify the above IBAN by submitting a copy of a bank account certificate.
 City Date..... For the injured person.....
(Last name and signature of the authorized person)

Most recent documents submitted on..... by.....
(Given, middle and last name and signature of the authorized person)

Privacy notice

Hereby, „BULSTRAD VIENNA INSURANCE GROUP“ EAD (“Bulstrad” or “we”) provides information regarding your personal data which may be processed by the Company. Bulstrad processes your data in relation to the conclusion and execution of insurance contracts, administration of claims, inquiries from you, complaints, requests, and other legitimate purposes.

WHAT KIND OF PERSONAL DATA IS PROCESSED BY US?

Personal data commonly processed by the Company include:

- Name: given, middle and last name;
- Personal Identification Number (PIN); Personal Foreigner’s Number, date of birth;
- Contact data: email, address and telephone number, etc.;
- Address: permanent or current;
- Banking information: number of bank account; tax related, financial and other information;
- Information related to the subject and manner of conclusion of the insurance contract and/or the subject and manner of filing of insurance claims: work experience, occupation, property owned, geolocation, IP address, etc.;
- Client number, code or other identifier created by Bulstrad for identification purposes;
- Health data: information about your health status (diagnosis, medical history, other medical documents);
- Data provided by you, e.g. in requests, complaints and other inquiries from you;
- Records of phone calls made to and from our telephone networks;
- Video records from the security cameras in the company’s buildings.

WHAT ARE THE GROUNDS ON WHICH WE PROCESS YOUR PERSONAL DATA?

The processing of personal data is necessary for:

- For fulfillment of rights and obligations under insurance contracts, incl. administration of filed claims;
- For fulfillment of legal obligations, e.g. provision of information to the regulatory authorities (Financial Supervision Commission, Commission for Personal Data Protection, Consumer Protection Commission, etc.), to courts or investigative bodies, state institutions, organizations, individuals and legal entities. Our legal obligations are specified under different bodies of legislation;
- Based on a legitimate interest, e.g. in relation to video surveillance, for improving the quality of services offered, analysis of the insurance portfolio, prevention of insurance fraud interest, etc.;
- Bulstrad may process your health data in order to prepare proposals for conclusion of insurance contracts, in accordance with the effective legislation and the Insurance Code;
- Bulstrad may process your health data provided as evidence under insurance claims for the purpose of establishing, assertion or defense of legal claims.

FOR WHAT PURPOSES DO WE USE YOUR PERSONAL DATA?

Personal data provided by you will be used for the following purposes:

- Preparation of analysis of individual needs of insurance products;
- Preparation of individual insurance proposals;
- Administration of insurance relations;
- Payment of insurance premium;
- Handling of claims in relation to occurrence of insurance events and payment of insurance indemnity for the settlement of claims;
- Reinsurance of risks;
- Handling of and responses to requests, complaints and other inquiries to Bulstrad;
- Improvement of the service quality and increasing the level of services offered;
- Protection of Bulstrad’s legitimate interests;
- Insurance fraud prevention;
- Risk analysis and assessment;
- Compliance with legal provisions, including prevention of conflict of interest and corruption practices;
- Statistical and analytical purposes of the Company;
- Prevention and control of misconduct, as well as protection of the company’s property and adjoining areas;
- Other purposes.

PROFILING

In the preparation of your offer for a specific insurance, it is possible that your personal data may be subject to profiling through information processing systems. Depending on the type of the specific insurance, Bulstrad may use information systems to calculate the probability of occurrence of insurance events. Such information systems process the data according to criteria developed by expert actuaries.

WITH WHOM CAN WE SHARE YOUR PERSONAL DATA?

Bulstrad respects and protects the confidentiality of your personal data. Bulstrad may disclose your personal data only on the basis of a valid reason and in compliance with the imperative regulatory provisions, as follows:

- In the utilization of services related to the purposes above, and in relation to the provision of technical and operational support of its information systems, it is possible that Bulstrad may disclose personal data to service providers (consultants, experts, appraisers, lawyers, etc.)

- In discharging its obligations under certain insurances, it is possible that Bulstrad may disclose personal data to subcontractors which provide services on our behalf on and outside the territory of the Republic of Bulgaria;
- In the fulfillment of its legal rights and/or obligations, Bulstrad may disclose personal data to state, supervisory, controlling, municipal, judicial and investigative bodies, external auditors, parties which has caused a damage or their insurer, other liable persons, private enforcement agents, postal service agents, etc.;
- In accordance with the applicable Bulgarian and EU legislation, Bulstrad may disclose data to other companies within Vienna Insurance Group;
- In the fulfillment of its legal obligation to guarantee coverage for its insurance portfolio, Bulstrad may disclose data to reinsurers, reinsurance brokers and their representatives;
- Bulstrad works with an extended network of insurance intermediaries, in order to bring its services close to you. For this purpose personal data may be shared with insurance intermediaries.

HOW LONG DO WE STORE YOUR PERSONAL DATA?

Bulstrad stores the respective documents as follows:

- Insurance contracts and documents forming an integral part of the contract (proposal for conclusion of insurance contract, policy, annexes, etc.) – for a maximum period of 10 years, depending on the type of insurance;
- Documents related to insurance claims – for a maximum period of 10 years, depending on the type of insurance;
- Requests, complaints or other inquiries – 5 years;
- Non-accepted proposals for conclusion of insurance contract (offers) – 5 years;
- Records of phone calls from or to our telephone networks – 1 year;
- Records proving one’s acquaintance, acceptance, consent and declared circumstances, in relation to an insurance contract conclusion through an online platform – for a maximum period of 10 years, depending on the type of insurance;
- Records from the video surveillance systems installed in the Company’s offices – for a maximum period of 60 days.

You may contact Bulstrad for more details on the storage period of all documents processed by us.

YOUR RIGHTS RELATED TO YOUR PERSONAL DATA

In accordance with the regulations, you have the following rights regarding your personal data processed by Bulstrad:

1. To access your personal data and receive a copy of them;
2. In case of incompleteness or inaccuracy of the data, your personal data can be rectified;
3. To request the erasure of your personal data, in case the preconditions for this are met. Such cases are: if the purpose of the data collection has been fulfilled; if you have withdrawn your consent, where the processing of data is based on consent and there is no other legal reason for the processing; in case your data are processed unlawfully, etc.;
4. In the cases stipulated in the law, to request restriction of the processing of your personal data;
5. In the cases when your data are processed on the basis of legitimate interests (listed above in this notice), you have the right to object against the processing of your personal data on such basis;
6. To exercise your right to data portability and to request to receive your data in a structured, commonly used and machine-readable format;
7. To withdraw the consent given by you, when the processing of your personal data is based on consent.

You can find detailed information on the conditions and procedure for exercising your rights in Bulstrad’s Rules for Exercising the Rights of Data Subjects, on our website (www.bulstrad.bg), as well as in each of our offices in the country.

You also have the right to lodge a complaint before the Commission for Personal Data Protection, if the appropriate preconditions for this are met.

CONTACT INFORMATION

You can contact us at the following address: Bulgaria, Sofia, 5 Positano Sq., email: public@bulstrad.bg. Our Data Protection Officer can be contacted at tel. 02/9856624, and email: dpo-bulstrad@bulstrad.bg

Further information on the way we process your personal data and your rights in this regard can be found on the Company’s website: www.bulstrad.bg.

Date:

Given, middle and last name and signature of the client:

.....