

4 Request for

PAYMENT OF INSURANCE INDEMNITY UNDER PERSONAL ACCIDENT INSURANCE FOR PASSENGERS IN THE MOTOR VEHICLE OR PERSONAL ACCIDENT INSURANCE FOR PASSENGERS IN THE PUBLIC TRANSPORT

To
.....
(insurance company)

A. Details of the injured person

Name..... Personal No

Power of attorney №...../.....

Address: res. area, street №..... Town.....

Personal ID card №:..... e-mail..... Tel:.....

B. Details of the authorized person

Name..... Personal No

authorized person (with POA №/.....) relative other

Address: res. area, street №..... Town.....

Personal ID card №:..... e-mail..... Tel:.....

C. Details of the vehicle insured in BULSTRAD VIENNA INSURANCE GROUP

Car make Model..... Reg. №..... VIN.....

Insured person Address Tel.

Insurance policy Validity period.....

Have you received or do you expect to receive indemnity for the same road accident from another person or insurance? yes no

If yes, please provide specific information:

D. Personal Accident of Passengers in the Motor Vehicle Insurance Limit of liability:..... BGN

E. Personal Accident of Passengers in the Public Transport Insurance

F. Details of the injured person

Names of the injured person:..... Personal No

Medical center where first aid was provided:..... on date.....

Address: res. area, street №..... Town.....

Name, address, tel. of general practitioner

Brief description of the injuries

Name and address of employer.....

Have you filed an insurance claim with another insurance company for compensation of your injuries/condition? yes no

If YES, please provide accurate information:

Nature of incurred loss: passenger in motor vehicle

Sick leave period: from..... to..... Health insurance №.....

Reg. № of the vehicle inside which the person has been during the accident

LONG-TERM DISABILITY:.....% Work capacity decision № / dated:.....

I would like the case to be considered based on documents

As legal heirs, we request payment of insurance indemnity for death due to an accident

G. Heirs of the deceased as a result of the accident:	
Name.....	Name.....
Address	Address
Town Tel.....	Town Tel.....
Name.....	Name.....
Address	Address
Town Tel.....	Town Tel.....
H. Details of the event	
Place	Street
Town	Country.....
Date of traffic accident	Protocol from Traffic Police, №.....
I. Description of the event	
J. Witnesses of the event	
Name.....	Name.....
Address	Address
Town Tel.....	Town Tel.....
K. Declaration of the injured/authorized person	
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.	

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

L. Necessary documents for filing the claim, to be reviewed by the Insurance Expert Commission at BULSTRAD VIENNA INSURANCE GROUP on the basis of Art. 432, par. 1 and Art. 499, par. 1 of the Insurance Code.	
Submitted documents shall be marked with X , requested documents shall be circled with O	
1. <input type="checkbox"/> Protocol from Traffic Police	11. <input type="checkbox"/> Epicrisis (discharge summary)
2. <input type="checkbox"/> Statement of findings	12. <input type="checkbox"/> Forensic medical certificate
3. <input type="checkbox"/> Insurance policy	13. <input type="checkbox"/> X-ray images – number of images
4. <input type="checkbox"/> Deed of accident	14. <input type="checkbox"/> Medical certificate (from a medical check)
5. <input type="checkbox"/> Valid passenger ticket or card	15. <input type="checkbox"/> Decision of a Labor Expert Medical Commission – number of copies
6. <input type="checkbox"/> Witness statements	16. <input type="checkbox"/> Decision of a Labor Expert Medical Commission
7. <input type="checkbox"/> Blood test results	17. <input type="checkbox"/> Ambulatory sheet from a general or specialist physician
8. <input type="checkbox"/> Power of attorney	18. <input type="checkbox"/> Autopsy protocol (in case of death)
9. <input type="checkbox"/> Death certificate (in case of death)	19. <input type="checkbox"/> Other medical documents
10. <input type="checkbox"/> Certificate of heirs (in case of death)	20. <input type="checkbox"/> Other documents
M. Indemnity	
I would like to receive the insurance indemnity at the following bank account: IBAN..... BIC..... bank..... branch..... I undertake to verify the above IBAN by submitting a copy of a Certificate of bank account. Town..... Date..... For the injured person..... (last name and signature of the heir's representative)	
Date of last presented documents..... by..... (last name and signature of the injured person's representative)	

Privacy notice

Hereby, ZEAD BULSTRAD VIENNA INSURANCE GROUP ("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 to 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:

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