



Baggage and Liability Insurance Claim Form

A. Insurer	Kooperativa pojišťovna, a.s., Vienna Insurance Group, Pobřežní 665/21, 186 00 Prague 8, Czech Republic IČ 47116617, registered in the Commercial Register at the Municipal Court in Prague, file no. B 1897
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B. Connected	Birth number	Surname	Name	Title	
	Address – street (place), descriptive/oriental number		Municipality – delivery post	POSTCODE	
	Phone	Mobile phone	E-mail		
	Policy number	Start of insurance	End of insurance		
	Stay from		To		
	Mode of transport ¹⁾	Origin of the insured event			
	<input type="checkbox"/> bus <input type="checkbox"/> aircraft <input type="checkbox"/> car-train		Date	at	hours
	Location of the incident: address - street (place), description/orientation number		Municipality – delivery post	State	
	Damage to luggage	Liability for injury		Complete points D. - I.	
	<input type="checkbox"/> No <input type="checkbox"/> Yes Complete point C.		<input type="checkbox"/> No <input type="checkbox"/> Yes		
Transfer the insurance benefit to the address or account¹⁾					
<input type="checkbox"/> Recipient's address					
<input type="checkbox"/> Bank					
Bank Account number		Bank code	Specific symbol		
Account owner / cardholder²⁾	Birth number	Surname	Name	Title	

¹⁾ Mark the valid option with a cross.
²⁾ If a family member's travel insurance claim is reported to the account or payment CS card, please provide the details of the account holder or cardholder for whom the insurance is with ČS Agreed

C. Damage to Luggage	Type of insured event	Date of report to the police	Police station
	<input type="checkbox"/> Theft <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Other		
	Address of the police station ³⁾		
	Names and addresses of any witnesses to the claim		
Brief description of the insured event			
<p>.....</p> <p>.....</p> <p>.....</p>			

³⁾ If it is difficult to detect it is not filled in.

For a quick settlement of the claim, if possible, submit the following documents: insurance policy, police report, original receipt from the carrier or storage facility, original receipts for the purchase of the item, witness statements.

Liability for injury

D. Information on the Pest	Who caused the injury	If the animal - breed and who had the animal under control		
	<input type="checkbox"/> Insured <input type="checkbox"/> minor child <input type="checkbox"/> other person <input type="checkbox"/> domestic animal			
	Birth number	Surname	Name	Title
	Address – street (place), descriptive/oriental number		Municipality – delivery post	POSTCODE
	Phone	Mobile phone	E-mail	

E. Data about the Puppated Person	Birth number	Surname	Name	Title
	ID	Name of firm		
	Address – street (place), descriptive/oriental number		Municipality – delivery post	POSTCODE
	Phone	Mobile phone	E-mail	

F. Description Occurrence of Damage Events

Brief description of the occurrence of the claim

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Was a harm caused? Yes No Under the influence of alcohol or other addictive substances? Yes No The victim or another person participates in the harm (complicity)? Yes No

Has the incident been investigated by the police or other local authorities? (Provide reports from these bodies, court decisions, expert reports, witness statements, affidavits.) Yes No

G. Nature and Extent of Harm Caused

Nature and extent of the harm caused

Damage to health On movable or immovable property On rented sports equipment
 On rented vehicle Other damage, specify what:

Personal injury – provide documents proving

- ▶ the type of injury,
- ▶ the address and name of the healthcare facility, where the victim was treated,
- ▶ how long
- ▶ the amount of medical treatment costs in the relevant currency,
- ▶ the effect of a previous health state on the length of treatment and the cost.

Damage to movable or immovable property – provide the following information and provide evidence

- ▶ description of things,
- ▶ type and extent of damage,
- ▶ the age of the item,
- ▶ the owner of the thing,
- ▶ proof of purchase,
- ▶ the price for repairing the item or for the re-establishment.

Damage to the rented vehicle (contributory damage) - provide documents proving

- ▶ vehicle rental (rental contract)
- ▶ the type and extent of damage to the vehicle
- ▶ age of the vehicle
- ▶ the amount of the deposit

Damage to borrowed sports equipment - provide documents proving

- ▶ the amount of the damage, or the cost of repairing the sports equipment
- ▶ rental of sports equipment (contract)
- ▶ sports equipment
- ▶ description of sports equipment
- ▶ the type and extent of the damage
- ▶ age of sports equipment

Original bills for treatment, necessary medication, original medical reports, death certificate in the case of death, transportation costs, health insurance company costs, information on eligible survivors and other documents relating to the extent of the injury must be provided.

H. Reimbursement Requires (Unless Identical with the Damaged)

Birth number	Surname	Name	Title
ID	Name of firm		
Address – street (place), descriptive/oriental number		Municipality – delivery post	POSTCODE
Phone	Mobile phone	E-mail	

I. Making a Claim

Date: Method, if applicable, attach written proof

Do you consider the claim for compensation of the injury and the amount to be justified? Yes No Have you already paid harm to the victim? Yes No If so, how much? CZK

Provide proof from the injured party that s/he has accepted compensation for the injury and in what amount.

Does the injured person have his/her own insurance for the risk from which the injury arose? Yes No Has or will the injured party claim compensation from his/her own insurance? Yes No

If yes, with which insurer Date In what amount? CZK

J. Information About the Processing of Personal Data

Processing of personal data

The following section provides basic information about the processing of your personal data. More information, including the possibility to object to processing based on legitimate interest, right of access and other rights, please refer to the document Information on the processing of personal data in non-life insurance, which is permanently available on the website www.koop.cz in the section „About Kooperativa“.

Information on the processing of health data

You acknowledge that if **health data** is necessary for the investigation of the claim, the insurer processes it on the basis of necessity for the determination, **exercise and defence of legal claims**, for the purpose of administering and terminating the insurance contract, settling the claim and protecting against unjustified or unlawful claims and fraud prevention and investigation, reinsurance and co-insurance.

Information on the processing of personal data other than health data

You acknowledge that the insurer processes identification and contact data, data for the evaluation of the risk of entering the insurance and data on the use of services on the basis of the **legitimate interest** for the purpose of ensuring the proper set-up and performance of contractual relations with the policyholder and related relations with the insured or the injured party, administration and termination of the policy contracts, claims handling, reinsurance and co-insurance, protection of the insurer's legal claims and prevention and detection of insurance fraud and other illegal acts. You have the right to object to such processing at any time, which may be exercised in the manner set out in the Information on Processing of Personal Data in Personal Insurance. You acknowledge that the above personal data is also processed by the insurer on the basis of and for the purpose of **fulfilling the legal obligations** applicable to the insurer.

By submitting this form, you confirm that you have thoroughly familiarised yourself with the document Information on the processing of personal data in non-life insurance, in particular with the scope of the processed data, the legal grounds (reasons), the purposes and duration of the processing of personal data and the rights you are entitled to in this context.

I declare that the above information is true and nothing has been withheld. I am aware of the legal consequences of providing false information.

Date: Signature of the insured (beneficiary)

You can send us the filled out form by:

- ▶ sending it by e-mail to podatelna@koop.cz
- ▶ handing it in at **one of our branches**
- ▶ **sending it by post to the address:** Kooperativa pojišťovna, a.s., Vienna Insurance Group, Brněnská 634, 664 42 Modřice

Information about the processing of your personal data, including your rights, can be found on the website www.koop.cz in the "O pojišťovně Kooperativa" (About Kooperativa) section in the "Informace o zpracování osobních údajů" (Personal Data Processing Information) documents.