

# Claims Notification Form

## Accident Insurance



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|  |      |                                     |  |
|--|------|-------------------------------------|--|
| Claim N°:  |      | File:                               |  |
| <input type="checkbox"/> This is the first notification  |      |                                     |  |
| <input type="checkbox"/> The claim has been already reported <input type="checkbox"/> by phone <input type="checkbox"/> in writing <input type="checkbox"/> by fax <input type="checkbox"/> by e-mail<br>on _____  |      |                                     |  |
| Insured:   |      | Address:                            |  |
| Phone / Fax / E-Mail   |      | Policy number                       |  |
| Day of accident  | Time | Diagnosed on                        |  |
| <b>Personal details of the injured person</b>  |      |                                     |  |
| Last name, first name of the injured person  |      | Date of birth of the injured person |  |
| Occupation (please specify)  |      | Phone                               |  |
| Street, street number, postcode, place of residence  |      |                                     |  |
| In case of minors: last name, first name, occupation of the legal representative   |      |                                     |  |
| <b>Details of accident:</b>  |      |                                     |  |
| 1 Place of the accident: _____   |      |                                     |  |
| 2. The accident occurred:  |      |                                     |  |
| <input type="checkbox"/> while at a day care center <input type="checkbox"/> at school <input type="checkbox"/> during a stay in a nursing home <input type="checkbox"/> during leisure activities   |      |                                     |  |
| <input type="checkbox"/> while at work <input type="checkbox"/> during a sideline job <input type="checkbox"/> during voluntary activities <input type="checkbox"/> while performing free-based activities   |      |                                     |  |
| <input type="checkbox"/> Civil servant <input type="checkbox"/> Civilian service instead of military service <input type="checkbox"/> Other persons: _____   |      |                                     |  |
| <input type="checkbox"/> Participation in an event (if so, please specify what event): _____   |      |                                     |  |
| 3. a) Have you informed the statutory accident insurance? <input type="checkbox"/> no <input type="checkbox"/> yes   |      |                                     |  |
| b) If so, which worker's compensation board or implementing agency have you informed about the accident? Name / address / file: _____  |      |                                     |  |
| 4. Please describe the activity (cf. section 2): _____   |      |                                     |  |
| 5. For what company / institution did the insured person work (cf. section 2)? _____   |      |                                     |  |
| 6. Did the accident occur on the way to or from workplace or event? <input type="checkbox"/> no <input type="checkbox"/> yes   |      |                                     |  |
| 7. Please describe the details of injuries - what injuries were suffered? _____  |      |                                     |  |
| 8. Are there any potential permanent injuries? _____   |      |                                     |  |
| <b>Important note:</b> Any disability must have been occurred within one year of the accident and medically diagnosed and confirmed within a further three months as well as reported to the insurer or us, otherwise the entitlement to benefits shall expire. Please refer to the insurance contract and the General Accident Insurance Conditions or Special Conditions for information on the prerequisites for benefits/periods |      |                                     |  |

|  |  |
|--|--|
| <b>9. In the event of death: Did the insured person die? Please note that the insurer must be contacted within 48 hours in case of a fatal accident!</b>   | <input type="checkbox"/> no <input type="checkbox"/> yes   |
| <b>10. Please give a brief description of how the accident happened and what is believed to have caused the accident (the description must give a clear picture of the course of accident; please use an additional sheet of paper if necessary)</b>                   |  |
| <b>11. a) What person/witness saw the accident?</b>  |  |
| <b>b) Who causes the accident? What was the cause?</b>   |  |
| <b>c) Was the accident reported to the police?</b><br><br>Please submit N°. of police report and address of police station   | <input type="checkbox"/> no <input type="checkbox"/> yes   |
| <b>d) File N° and address of the public prosecution department</b>   | File N°: _____ Location: _____   |
| <b>e) Did the injured person take any alcohol, medicines or other intoxicants (drugs) during 24 hours before the accident</b>  | <input type="checkbox"/> no <input type="checkbox"/> yes: _____  |
| <b>f) Was a blood sample taken?</b>  | <input type="checkbox"/> no <input type="checkbox"/> yes, result: _____  |
| <b>g) Was the accident caused by an impaired consciousness that occurred prior to the accident (e.g. unconsciousness, dizziness)?</b>  | <input type="checkbox"/> no <input type="checkbox"/> yes, please describe: _____   |
| <b>h) Was the injured person driving a vehicle?</b><br><br>Was the injured person in possession of the necessary driving license?  | <input type="checkbox"/> no <input type="checkbox"/> yes, driving license class: _____<br><br><input type="checkbox"/> no <input type="checkbox"/> yes |
| <b>12. a) Please provide details on previous accidents that the injured person suffered: dates and what kind of accidents?</b>   | <input type="checkbox"/> no <input type="checkbox"/> yes, _____  |
| <b>b) Does the injured person suffer or suffered from an illness or infirmity?</b>   | <input type="checkbox"/> no <input type="checkbox"/> yes, the following: _____   |
| <b>c) Please provide details on any pre-existing disabilities. Please describe the cause and degree of impairment (%) before the accident</b>  | <input type="checkbox"/> no <input type="checkbox"/> yes, _____  |
| <b>13. a) When did the injured person first time see a doctor about his/her symptoms caused by the accident?</b><br><br>What were the doctor's instructions?   | <input type="checkbox"/> outpatient    Date: _____ Time: _____<br><input type="checkbox"/> inpatient      From: _____ Until: _____                     |
| <b>b) Name and address of the doctor or hospital who treated the injured person initially</b>  | _____<br>_____   |
| <b>c) Which doctors or hospitals with specialist departments were also involved due to the accident? (Name, address, phone)?</b><br><br>If the insurer pays a daily hospital allowance: please submit a medical certificate with an estimation of the duration of stay | _____<br>_____<br>_____  |
| <b>d) Is medical therapy no longer required? Is the treatment complete?</b>  | <input type="checkbox"/> no <input type="checkbox"/> yes, since: _____   |
| <b>14. a) What type of occupational activities can be fulfilled by the injured person?</b>   |  |
| <b>b) Is the injured person able to resume his/her activities and fully able to work?</b>  | <input type="checkbox"/> no <input type="checkbox"/> yes, since: _____   |
| <b>c) How much time for healing will be required according to the doctor?</b>  | _____<br>_____   |

|  |                             |   |                |
|--|-----------------------------|---|----------------|
| <b>15. a)</b> Did the injured person receive a disability compensation in the past?  | <input type="checkbox"/> no | <input type="checkbox"/> yes, on: _____ | File N°: _____ |
|  | from: _____                 |   |                |
| <b>b)</b> Is the injured person covered by another accident insurance? If so, please submit details on the insurance company (name, address) | <input type="checkbox"/> no | <input type="checkbox"/> yes: _____     |                |
|  | _____<br>_____              |   |                |
| <b>c)</b> With which health insurance company (statutory or private) is the injured person insured (name, address)?                          | <input type="checkbox"/> no | <input type="checkbox"/> yes: _____     |                |
|  | _____<br>_____              |   |                |

  

|  |                |
|--|----------------|
| <b>16. Who receives the insurance benefits? Bank account (please be careful to always indicate bank details)</b> |                |
| Recipient (name, address)  |                |
| IBAN   | BIC            |
| Bank   | Account holder |

**Information according to Section 28 para. 4 of the German Insurance Contract Act [VVG] on the consequences of breach of obligations after the occurrence of an insured event**

**Duty to provide information and duty of disclosure**

Based on the contractual agreement between the insured person and the insurer, the insured shall provide the insurer with all information required to assess the insured loss or the extent of indemnification due (duty to provide information). The insured is also required to enable the insurer to properly assess the insurance company's liability for insurance benefits by disclosing any information required to determine the insured event (duty of disclosure). The insurer may also require the insured to make available any information or documentation insofar as this is reasonable for the insured.

**Release from the insurance company's liability for insurance benefits**

If, contrary to the contractual provisions, the insured person intentionally does not provide information or does not truthfully provide information or if the insured intentionally does not provide the insurer with the required documentation, the insured may lose his/her entitlement to insurance benefits. If false or incomplete details are provided through gross negligence, the insurance company can reduce the insurance benefits in proportion to the degree of fault. The insurance benefits will not be reduced if the insured can furnish proof that false or incomplete details were not provided through gross negligence.

If the insured furnishes proof that the intentional or grossly negligent details provided were not the cause of determination of the insured event or the determination of the insurance company's liability for insurance benefits, the insurance company shall remain obliged to pay insurance benefits.

The latter restriction shall not apply if the false or incomplete details were fraudulently provided by the insured person. In case of fraudulently provided or incomplete details, the insurance company shall be released from its obligation to pay insurance benefits in all cases.

If a third party is entitled to a contractually agreed benefit instead of the insured person, this third party shall also be obliged to provide information and to provide documentation.

The insurance company is entitled to consult official documents relating to the claim.

The data protection declaration and information pursuant

\_\_\_\_\_  
Place / date

\_\_\_\_\_  
Signature of the injured person or his/her legal representative

## Declaration of consent and release from the duty to preserve secrecy

|                   |  |
|-------------------|--|
| Date of accident: |  |
| Injured Person:   |  |
| Date of birth:    |  |
| Claim number:     |  |

With my signature, I consent that you, in your capacity as an insurance broker, process the personal data provided by me in this claims notification and any future ones relating to this claims notification - in particular health data - and forward them to the insurer for claims handling purposes.

In order for you as insurance broker to be able to conduct correspondence with the insurer regarding my reported claim, I also consent to the insurer (re)transmitting to the insurance broker all personal data required for its assistance in processing the claim. This expressly includes any medical reports prepared by the insurer or third parties and the settlement of insurance benefits.

I hereby release the members of the insurer and any medical experts from their duty of confidentiality.

I am free to refuse to give this consent or to revoke it at any time with future effect by writing to your address (deas Deutsche Assekuranzmakler GmbH, Ecclesiastraße 1 - 4, 32758 Detmold, Germany).

I am aware that without my consent to the processing of my health data, it will not be possible for you to provide the services to be rendered to me (claims support) and that you will no longer be able to support me in asserting my claims against the insurer. In this case, I have the option of asserting any claim directly against the insurer.

|              |             |  |
|--------------|-------------|--|
| _____        | _____       | _____                                  |
| <i>Place</i> | <i>Date</i> | <i>Signature of the injured person</i> |

If the injured person has a legal representative:

|              |             |  |
|--------------|-------------|--|
| _____        | _____       | _____  |
| <i>Place</i> | <i>Date</i> | <i>Signature of the legal representative</i> |

# **Data Privacy Statement and Information in accordance with Articles 13 and 14 of the General Data Protection Regulation (GDPR) in case of claim**

## **General**

With the following information, we provide you with an overview of the processing of your personal data performed by us as the data controller and your rights under data protection law. The following explanations describe the categories of your personal data that are processed by us and in which way such processing is carried out.

## **Name and contact details of the responsible party**

deas Deutsche Assekuranzmakler GmbH  
Ecclesiastrasse 1 – 4  
D-32758 Detmold  
Phone +49 5231 603-0  
Fax +49 5231 603-197  
Email [info@deas.de](mailto:info@deas.de)

## **Contact details of the data protection officer**

deas Deutsche Assekuranzmakler GmbH  
Data protection officer  
Ecclesiastrasse 1 – 4  
D-32758 Detmold  
Phone +49 5231 603-6129  
Fax +49 5231 603-606129  
Email [dsb@deas.de](mailto:dsb@deas.de)

## **Purposes for the processing of personal data and the legal basis for the processing**

Where potential claims are made by our broker customers, we process personal data of co-insured persons, injured persons or persons involved in the claims only for the purpose of examining the risks covered and for the purpose of claims support in respect of the claims asserted. In doing so, the personal data is processed in compliance with the provisions of the German General Data Protection Regulation (GDPR) and other relevant legal regulations on data protection.

In order to fulfill the aforementioned purposes (for example, in connection with the handling of claims), we process your personal data that we have collected directly from you or that we have received from third parties. If no special categories of personal data according to Article 9 Paragraph 1 GDPR (e. g. health-related data) are affected by this processing, the legal basis for the data processing is based on Article 6 Paragraph 1 lit. f GDPR; the legitimate interest of us or of third parties. The legitimate interest is to efficiently accompany our client in the context of a claim and in all associated insurance-related matters. Without this data processing, claims cannot be handled or can only be handled with difficulty.

In certain cases, it is possible to have additional services rendered by external service providers in your interest as part of the claims handling process. In the case of any loss or damage to a motor vehicle as an example, this may involve the procurement of suitable workshops or a pick-up service for the damaged vehicle. In such cases, your data will only be transferred on the basis of your previously given consent in accordance with Article 6 Paragraph 1 lit. a GDPR.

Where special categories of personal data are being processed, such processing shall be carried out exclusively on the basis of your explicit consent. The legal basis for such processing is determined by Article 9 Paragraph. 2 lit. a of the GDPR.

## **Categories of personal data that are processed**

Personal data is all information relating to an identified or identifiable natural person.

Various categories of personal data are processed for fulfilling our services as an insurance broker. Examples of these include name, address, bank details, communication data, numbers of insurance policies etc.

Special categories of personal data are in general only processed with your consent. Among other things, this involves health data. The legal basis for the processing in such case is laid down in Article 9 Paragraph 2 lit a of the GDPR. In certain cases, processing of special categories of personal data is necessary for the assertion, exercise or defense of legal claims. The relevant legal basis for this processing is provided by Article 9 Paragraph 2 lit. f GDPR.

## **Recipients of your personal data**

Your personal data shall only be passed on to third parties with your consent or on the basis of a legal justification for consent under applicable law. In addition, our employees are obligated to confidentiality and compliance with the provisions of data protection legislation.

The transmission of your personal data to state institutions and authorities who are entitled to receive such information shall only take place within the framework of the relevant legislation, or if we are obligated to do so on the basis of an official or judicial decision.

As part of the processing of claims and benefits, it may be necessary to pass on your data to other bodies or to receive it from them. Depending on the insured risk and the type of loss or damage, this may involve the following bodies:

- Policyholder
- Affiliated companies
- Insurers
- Reinsurers
- Insurance brokers
- Technical service providers/garages
- Assistance services providers
- Social insurance carriers
- Financial services institutions
- Lawyers
- Assessors/experts

For the technical processing of our services, we have commissioned the company Ecclesia Holding GmbH to process your personal data on our behalf within the scope of an order processing contract.

Data is only transferred to countries outside the European Economic Area (third countries) where this

## **Data Privacy Statement and Information in accordance with Articles 13 and 14 of the General Data Protection Regulation (GDPR) in case of claim**

is necessary to fulfill our activities or where you have given us your consent or where this is otherwise legally permissible. In such case, we take measures to ensure the protection of your data. We only transfer data to recipients who ensure the protection of your data in accordance with the provisions of the GDPR for transfers to third countries (Articles 44 to 49 GDPR).

### **Your security**

We take technical and organizational measures to protect your data against unauthorized access, loss, manipulation or destruction. Our security measures are constantly being updated in line with the technological development.

### **Storage duration**

Your personal data is stored for the purpose of fulfilling our insurance broker services and the associated legal obligations. Once your personal data is no longer required for this purpose, it will be automatically deleted.

Our insurance broker services and the associated statutory obligations include, in particular, the retention of documents and information within the scope of the statutory retention periods (up to ten years) and providing evidence of proper advice and contract performance (in accordance with the statutory limitation periods up to 30 years).

### **Rights of the persons affected**

You are entitled to access information about your stored personal data at any time. In accordance with Articles 16 to 20 of the GDPR, you also have the right to have incorrect data corrected, the right to have your personal data deleted, the right to restriction of the processing of your personal data and the right to data portability.

### **Right to object to processing**

Pursuant to Article 21 Paragraph 1 of the GDPR, you may object to the processing of your personal data carried out on the basis of Article 6 Paragraph 1 lit. f of the GDPR on grounds relating to your particular situation by contacting the responsible party at the above address. If you object, we will no longer process your personal data unless we can demonstrate compelling legitimate grounds for the processing which override your interests, rights and freedoms, or the processing serves the assertion, exercise or defense of legal claims.

### **Right to revoke consent**

You are entitled to revoke your given consent at any time. This revocation shall apply with immediate future effect. The lawfulness of any processing carried out until the moment of revocation on the basis of consent shall not be affected by such revocation.

### **Right to complain**

If, in your opinion, the processing of your personal data violates the GDPR, you are entitled to lodge a complaint with a supervisory authority.

### **Provision of your personal data**

Without processing your personal data, it is not possible for us to fulfill our insurance broker services. This is why we kindly ask you to disclose the necessary personal data so that your reported loss or damage and your asserted claim can be processed in the best possible way. However, you are under no legal or contractual obligation to provide us with your data.

The personal data provided by you is solely processed for the purposes communicated.

### **Sources from which your personal data originate**

Unless we have collected your personal data directly from you, such data are obtained from the following sources:

- Information provided by our customers
- Insurers
- Reinsurers
- Insurance brokers
- Social insurance carriers
- Lawyers
- Assessors/experts
- Publicly accessible sources (e. g. official registers, address directories, internet)

### **Questions, suggestions, complaints**

If you have any additional questions about the information on data protection and the processing of your personal data, you can contact us or our data protection officer directly by using the contact details indicated above.