

## REPORT OF INSURED EVENT COVERED BY VOLUNTARY HEALTH INSURANCE POLICY

The form below is used for filing a report/ submitting a claim in case of occurrence of an event covered by the voluntary health insurance policy. The completed form should be accompanied by the following documentation: original fiscal receipt, certified specification, certified medical report, a referral, copy of an ID, copy of an RSD account card.

Policy Number:		Programme	
Sum insured/coverage:		Additional coverage (encircle)	YES / NO
Type (encircle):	individual/collective/family	% copayment:	
Coverage period:	from                      to	Referral/case number	
Policy holder (name, company reg. no., TIN)			
Policy holder's address:			
Insured (name and surname)			
Insured's address:			
Insured's National ID No. and Personal Insurance No.	/		
Insured's email and phone number:	/		
Claimant:			
Claimant's address:			
Phone number:			

\* In case the policy holder and the insured are the same person, insert the requested information only once\*

### INFORMATION ON THE VOLUNTARY HEALTH INSURANCE EVENT

The following treatments and/or medicines have been paid and the expenses are as listed in the table below.

Description of insured event		
Date of service	Description of service and/or prescribed medicine	Price

### PAYMENT INSTRUCTIONS

Payment to be made to the insured/or other	
(Number of an RSD current account, name of bank, name of account holder).	

I hereby declare that I have answered all questions correctly, truthfully and completely! By my signature on this form, I, as a beneficiary of the insurance: Provide my written consent that the decision on the right to compensation as well as the notices and information delivered by the insurer in electronic form to the above address can be considered as valid as any document provided in writing; Authorise any doctor, medical institution, pharmacy, insurance company, employer, union or association to forward this claim to the company Triglav Osiguranje a.d.o. so that the sum can be adequately paid (the policy holder will otherwise bear these costs himself/herself, a photocopy of this report shall be deemed as valid as the original); Authorise any doctor or medical staff, hospital or another health care institution, social insurance or another insurance company to provide any information, medical history, medical documentation on the current and earlier health condition related to the specific insured event without my explicit consent, including any official document or certificate the insurer deems necessary to assess the merit of this request to report the insured event covered by the voluntary health insurance; **Name, seat and the address of the authority responsible for supervision** of the insurance company: National Bank of Serbia, Insurance Supervision Department or Centre for Protection and Education of Financial Consumers, Nemanjina 17, 11000 Belgrade, [www.nbs.rs](http://www.nbs.rs).

In \_\_\_\_\_, on \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
 Insured's/Claimant's Signature  
 (Parent's or Guardian's signature for underaged persons)

Claim Number \_\_\_\_\_

**Information Notice of Personal Data Processing**

Joint stock insurance company Triglav Osiguranje Beograd, with its registered head office at Novi Beograd, Milutina Milankovića 7a, company registration number 07082428, in its capacity as the Personal Data Controller, in order to receive a valid consent to personal data and particularly sensitive data processing, hereby provides a prior notice to the insurance consumer in compliance with the law governing the personal data protection as follows:

- Contact details of the Data Protection Officer in the company: [dpo@triglav.rs](mailto:dpo@triglav.rs)
- Personal data and particularly sensitive personal data contained in the insurance claim form and the accompanying documents are subject to data processing.
- This data is collected and processed in order to meet the regulatory requirements, i.e. to fulfil the obligations assumed by executing the insurance agreement.
- Data is utilised and processed in the following ways: by collecting, recording, sorting, grouping, structuring, storing, adapting or modifying, disclosing, inspecting, disclosing by transmission or delivery, copying, disseminating or otherwise making available, comparing, restraining, deleting or destroying. Processing may be automated or non-automated. The Company keeps records of the collected data as a structured cluster of personal data, which is available in accordance with special criteria, or data collections, as prescribed by the law.
- Recipients of personal data include the National Bank of Serbia, Association of Serbian Insurers, Trešnjinog cveta 1G and other competent authorities as per the law, the certified auditor, Europ Assistance Magyarorszag KFT – Belgrade Branch, Novi Beograd, Gandijeva 76a, and the medical institutions which provided health care.
- As per the Agreement, the Data Processor is Zavarovalnica Triglav d.d. Ljubljana, Miklošičeva cesta 19, Republic of Slovenia, which processes personal data as requested by the Data Controller, in conformance with the law governing the personal data protection.
- The legal bases for processing are: the law and the insurance agreement.
- The data subject is entitled to request access, correction, completion or deletion of his/her personal data from the Data Controller, and/or to restrict processing in case the accuracy of such data is challenged or in case of illegal data processing; data subject is also entitled to an objection to the Data Protection Officer and to data portability. In case of unauthorised data processing, the data subject may file a complaint with the Freedom of Information and Data Protection Commissioner, and is entitled to legal protection.
- The collected data is processed and stored with the purpose of collection, in compliance with statutory document and data retention periods.

**Consent to particularly sensitive data processing**

Data Controller may process particularly sensitive data (information on health condition, biometric data, personal data relating to criminal convictions, punishable acts and security measures) only with your consent. Such data is necessary to accomplish the above purpose of your personal data processing.

The consent is given voluntarily and may be withdrawn at any time in the same way it was given. The withdrawal of consent does not affect the lawfulness of processing based on consent before its withdrawal. In case of withdrawal, the Data Controller is entitled to reimbursement of all justifiable costs and damage sustained. In case the consent to process particularly sensitive data is withheld, claims for reimbursement will not be resolved and will be refused.

Within the meaning of the law which governs personal data protection, by signing this document I confirm that I have been previously notified of the Data Controller's identity, of the Data Protection Officer's contact details, of the purpose of data collection and processing, of the manner of data utilisation, of the recipients of personal data, of the legal basis for data processing, of my right to withdraw consent and my rights pertaining to unlawful processing, that I have carefully read the Information Notice of personal data and particularly sensitive data processing, and that I give my consent to the processing of such data.

In \_\_\_\_\_, on \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Insured's/Claimant's Signature  
(Parent's or Guardian's signature for underaged persons)