

## NOTIFICATION OF INSURANCE LOSS

### TRAVEL INSURANCE

To speed up settlement, please enclose the following documents: travel ticket or other proof of trip, original receipts, copies of medical case records, in the event of theft a police report or the organizer's confirmation of the event, a certificate from the transport company (in case of delayed flight or luggage).

### FILL IN ALL SECTIONS

<b>Data on insurance</b>	Policyholder	Policy number		
<b>Claimant's personal data</b>	Name	Nationality	Personal Identity number	
	Street address	Postal code	City	
	E-mail address: may you be contacted by e-mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number	
	Bank and account IBAN number (RON)			
<b>Data on loss event</b>	Travel destination and route			
	Trip started (dd.mm.yy.) - ended (dd.mm.yy.)		Time of loss (date and time)	
	Loss:			
	Trip cancellation/interruption	<input type="checkbox"/>	Medical expenses	<input type="checkbox"/>
	Missed departure	<input type="checkbox"/>	Permanent disability due to accident	<input type="checkbox"/>
	Delay: flight/luggage	<input type="checkbox"/>	Accidental death	<input type="checkbox"/>
	Loss of luggage	<input type="checkbox"/>	Legal expenses	<input type="checkbox"/>
	Theft/damage of luggage	<input type="checkbox"/>	Other loss event	<input type="checkbox"/>
	Liability	<input type="checkbox"/>		
	Short description of the loss event:			
<input type="checkbox"/> continues on a separate attachment				
<b>Claim amount</b>	Claim amount: In case of luggage claim, please inform the place, time and price of the purchase of the missed article.			
<b>Insurance company</b>	E-mail: daune@colonnade.ro			

Form of consent

By providing your Personal Information to Colonnade Insurance SA in connection with your claim, you consent to the collection and processing (including the use and disclosure) of your Personal Information as described in this Privacy Policy available at <https://www.colonnade.ro/en/> or upon request at [dpo@colonnade.ro](mailto:dpo@colonnade.ro). In particular you consent to the transfer of your Personal Information internationally. You agree that you will not provide Personal Information about any other individual without that person's permission. Alternative: To the extent that you have provided (or will provide) Personal Information to Colonnade Insurance SA about any other individual, you certify that you have provided information to the individual about the content of this Privacy Policy and you are authorized to disclose his or her Personal Information to Colonnade Insurance SA as detailed in the Privacy Policy.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_