

### LIABILITY CLAIM NOTIFICATION

<b>Policy details</b>	Insured	Policy number
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<b>Incident details</b>	Date and time of loss	Loss location
	When was the loss noticed; date and time?	Who noticed the loss?
	When was the loss notified to the insured?	Cause of loss
	Detailed loss description (extra paper, drawings and other attachments can be used to illustrate the incident)	
	<input type="checkbox"/> continued on the attachment	
	Was the damage surveyed?	Date and time of the survey
	Was the loss notified to the police?	When
	Are there any eye witnesses?	Y / N
Does the insured hold itself liable for the loss? (to be filled only if the insured notifies the claim)	On what basis?	

<b>Claimant details</b>	Claimant name	Contact person
	Address	Zip code                      City
	Tel. number                      Fax number	Email
	Claimed amount or estimated loss amount	

<b>Notified by</b>	Company	Contact person
	Address	Zip code                      City
	Tel. number                      Fax number	E-mail
	Signature	Place and date

<b>Enclosures</b>	<input type="checkbox"/> receipts	<input type="checkbox"/> pictures
	<input type="checkbox"/> survey report	<input type="checkbox"/> other, please specify

<b>Insurance company contact details</b>	E-mail: daune@colonnade.ro
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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: \_\_\_\_\_