ДУНАВ ОСИГУРАЊЕ

CLAIMS COMPENSATION CENTRE _____ Policy No. _____
Organizational unit _____ Claim No. _____

NOTICE OF INSURED OCCURRENCE UNDER VOLUNTARY HEALTH INSURANCE

1. Name and surname and/or title of the Policyholder who has signed the insurance contract	1.
2. Data on the Insured: - Name and surname - Address (zip code, place, street, number, entrance, flat) - Personal ID number - Contact telephone - Current account number. - E-mail	2.
3.Data on the legal representative of an underage insured person: - Name and surname - Address (zip code, place, street, number, entrance, flat) - Contact telephone - Current account number. - E-mail	3.
4. Day, month, year and place of insured occurrence	4.
5. Medical diagnosis	5.
6. The kind of provided healthcare service and the reason for it	6.

I hereby declare that I have answered all the questions in a true and complete manner.

In _____, as of _____. _____
(Signature of the Insured - Policyholder)

ОБ-582

The Claimant confirms that he has been informed of and agrees that the Insurer may process the Claimant's personal data, such as name and surname, E-mail and telephone number for the purpose of checking customer satisfaction – surveys with a view to implementing the Client Satisfaction Analysis Project. The Insured agrees that he may be sent the brochures and notices by means of calling, emails or otherwise by the Insurer in order to be informed of the Insurer's activities, services and new products. By affixing his signature hereunder, the Insured confirms that the Insurer may store, process and use the Insured's personal data referred to under the paragraph above for statistical purposes at the renewal or conclusion of future insurance contracts, for information purposes and that he may forward such data to the controlled companies of Dunav insurance Company - Dunav Tourist, Dunav Voluntary Pension Fund Management Company, Dunav Auto.