

Name and surname of insured:	Personal ID number:
Address:	Telephone number:
Insurance contract: 19100985	Loss event:

Notification of an insured event  
**ACCIDENT INSURANCE**

**Part A. TO BE FILLED IN BY THE INSURED**

Race date:	Name of race:
Date and time of injury:	
Please describe how the injury happened:	
<p><b>Please indicate the insurance which you are claiming the insured event from:</b></p> <input type="checkbox"/> insurance covering incapacity to work due to injury <input type="checkbox"/> insurance covering third degree disability due to injury <input type="checkbox"/> accidental hospitalisation daily benefit insurance <input type="checkbox"/> insurance covering death due to injury (to be filled in by the bereaved)	
<b>TO BE FILLED IN BY THE BEREAVED IN THE EVENT OF DEATH DUE TO INJURY</b>	
<b>Information about the bereaved*</b>	
Name and surname: _____	Personal ID number: _____
Address: _____	Telephone number / e-mail: _____
Your relationship to the insured: <input type="checkbox"/> spouse <input type="checkbox"/> other – please specify: _____	
<b>Notary commissioned with probate proceedings</b> (please fill in if a notary has been assigned to the given proceedings):	
Name and surname: _____	Telephone number: _____
Address: _____	e-mail: _____
Declaration of the bereaved in relation to investigation of the loss event:	
<ul style="list-style-type: none"> <li>• <b>I hereby declare</b> that I have been <b>informed about the processing of my personal data</b></li> <li>• <b>I hereby declare</b> that the data I have provided <b>is true</b></li> </ul>	
Date: _____	Signature of the bereaved: _____
I hereby request payment of the insurance benefit to the following bank account:	
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Account number incl. Bank code (if you have a foreign account please specify International Bank Account Number (IBAN))	
<small>* In the event of death, entitlement to the insurance benefit may only be claimed by a person authorised to do so, and the insurer will only provide the insurance benefit to this person. If no such person is determined, entitlement will be created for persons determined in accordance with Section 2831 Act No. 89/2012 Coll., Civil Code, as amended.</small>	
In relation to the creation of insurance and investigation of the loss event:	
<ul style="list-style-type: none"> <li>• <b>I hereby declare</b> that I have <b>familiarised myself with the content of Insurance Contract No. 19100985/2018</b> for group insurance covering the cancellation of participation in a race arranged with Prague International Marathon, spol. s r.o. and that <b>I hereby agree to the insurance</b></li> <li>• <b>I hereby agree</b> that Česká pojišťovna ZDRAVÍ a.s. <b>may obtain and review data about my health</b></li> <li>• <b>I hereby release</b> doctors, healthcare providers, insurance companies, the police and other prosecution authorities from the <b>obligation to maintain confidentiality</b></li> <li>• <b>I hereby declare</b> that the information I have provided <b>is true</b></li> </ul>	
Date: _____	Signature of the insured: _____

Brief Information About Personal Data Processing During Claims Settlement constitutes a part of this form (see last page).

Please attach the following documents to the completed and signed form and send these to ČP ZDRAVÍ:

- **For the incapacity to work:** a Medical Report filled and confirmed by the doctor (Part B.) and if the insured is entitled to sickness benefits in the Czech Republic a Statement of Fitness for Work (sick note)
- **For hospitalisation:** a copy of the Discharge Report from the hospital
- **For third degree disability:** a Medical Report from the first treatment after the accident and an Assessment of Disability issued by the District Social Security Administration with the result showing the occurrence of a third degree disability
- **For death:** a Medical Report from the first treatment after the accident, a copy of the Death Certificate, a copy of the Post-mortem Examination Certificate

## MEDICAL REPORT

### Part B. TO BE FILLED IN BY THE DOCTOR

Patient:	
Name and surname:	Personal ID number:
First medical treatment (date, address, hospital, doctor):	
What did the insured report as a cause of injury?	
A description of the injury:	
RTG (description):	
Diagnosis (Ref. ICD-10 also verbally):	
Method of treatment / operation:	
Invalidity due to injury treatment:	from to
Additional medical comment:	
Date of Issue:	Stamp and doctor signature:

The cost of issuing this certificate is borne by the insured.

## Brief Information About Personal Data Processing During Claims Settlement

Insurance is provided by Česká pojišťovna ZDRAVÍ a.s. (insurer), a member of the Generali Group, entered in the Italian Register of Insurance Groups, maintained by IVASS

We hereby provide you with brief information about the processing of your personal data by our company. Further details can be found at [www.zdravi.cz](http://www.zdravi.cz) in the Information for Clients section, by calling 267 222 515 or writing to [info@zdravi.cz](mailto:info@zdravi.cz), where your request will be happily attended to.

### 1. Who is the administrator of your personal data?

The administrator of your personal data is Česká pojišťovna ZDRAVÍ a.s., Company ID No. 49240749, with Registered Office at Na Pankráci 1720/123, Nusle, 140 00 Prague 4.

### 2. Which data about you do we process?

We process the following during claims settlement:

- Your **identification and contact data** (your email address and phone number are not obligatory, but if you do provide them, our communication will be faster and more efficient),
- **data which you provided to us during claims settlement** regardless of whether communication was conducted in person, in writing, by telephone or otherwise;
- **payment details** (e.g., account number for payment of the insurance benefit),
- **data determined in accordance with the valid legal regulations while investigating the insured event** (we obtain data based on the nature of the insured event and through our own investigations, but also from other entities such as the police, fire brigade, policyholders, insured parties, doctors and publicly accessible sources, lists and records).

### 3. Do we process data about your health?

We will process data about your health if it is required to determine, exercise or defend legal claims, in particular, for the purpose of settling claims arising from insurance covering the event of illness or from insurance against financial loss.

### 4. Do we need your special consent to process personal data?

We do not need your consent to process personal data during claims settlement.

### 5. Why do we process your data?

#### • Fulfilment of legal obligations

Many legal regulations oblige us to process your personal data (to varying degrees). For instance, we need your data to meet the obligations required by regulations governing the distribution of insurance, the insurance industry or measures to counter money laundering and financing of terrorism. We are also obliged to provide cooperation to courts, prosecution authorities, tax administrators, the Czech National Bank in its capacity as the supervisory authority and bailiffs, etc. We are obliged to perform our insurance activity with due diligence, which is why we process personal data to ensure due administration of the insurance contract, administration of insurance including changes, settlement claims including possible provision of assistance services if arranged, and for our mutual communication.

#### • Protection of our legitimate interests or the legitimate interests of third parties

We may also process personal data in relation to claims settlement due to legitimate interests consisting in:

- risk evaluation and management,
- quality management of services provided and customer relations,
- performance of contracts in your favour,
- internal administrative purposes (e.g., internal records, reporting),
- to protect our legal claims (e.g., during the recovery of our receivables relating to the insured event and arranged insurance, under judicial proceedings or proceedings with authorities responsible for out-of-court resolution of disputes, with the Czech National Bank or other public authorities),
- prevention and detection of insurance fraud and other illegal conduct.

### 6. Who is the recipient of the personal data?

In justified cases and strictly in the necessary scope, we provide your personal data to the following categories of recipients:

- other insurance companies in accordance with the law for the purpose of preventing and detecting insurance fraud and other illegal conduct, also via the system established for this purpose,
- our contractual partners, whether these companies are in or outside the Generali Group, such as our distributors, assistance service providers, independent claims adjusters, physicians, experts, information technology suppliers, postal services providers,
- other entities in cases when we are obliged to provide your data in accordance with legal regulations or if it is necessary to protect our legitimate interests (e.g., courts, bailiffs),
- shareholders in a limited scope.

### 7. How long will your data be stored?

We process your personal data for the duration of the insurance. On termination of the insurance, we will store your personal data for the limitation period, during which any claim from the terminated insurance may be exercised, and additionally for a period of one year after expiry despite the limitation period for any claim. Apart from this, we also process your personal data in the event of continued or repeated financial performance from the arranged insurance and for the period of any potential judicial disputes or other proceedings.

### 8. What are your rights?

You have, in particular, the right to access the personal data we process about you, the right to rectification of inaccurate or incomplete data and the right to submit a complaint to the Office for Personal Data Protection, Pplk. Sochora 27, 170 00 Prague 7, [www.uouu.cz](http://www.uouu.cz). In situations anticipated by the legislation, you also have the right to erasure of personal data relating to you or to restrict its processing or to the portability of your data and the right to object to its processing.

You have the right, at any time, free of charge, to object to the processing of your personal data which we perform due to our legitimate interests, including profiling.

### 9. How can you contact our Data Protection Officer?

You may contact our Data Protection Officer with your requests, queries or complaints at the address Česká pojišťovna ZDRAVÍ a.s., Na Pankráci 1720/123, 140 00 Prague 4, [dpo@zdravi.cz](mailto:dpo@zdravi.cz).