Kooperativa
VIENNA INSURANCE GROUP

Presentation stamp

002

Claim Notification Form from STORNO Insurance

A. Insurer

Kooperativa pojišťovna, a.s., Vienna Insurance Group, Pobřežní 665/21, 180 00 Prague 8, Czech Republic
IČ 47116617, registered in the Commercial Register at the Municipal Court in Prague, file no. B 1897

B. Connected

Birth number	Surname	Name	Title
Address – street (place), descriptive/oriental number		Municipality – delivery post	POSTCODE
Phone	Mobile phone	E-mail	
Policy number		Start of insurance	
Account owner / cardholder [1]	Birth number	Surname	Name	Title

[1] If a family member's claim is reported from a travel insurance for your CS account or payment card, please provide the details of the account holder or cardholder, for whom the insurance is with CS Agreed.

C. Cancellation of Drawdown Travel Services

Type of travel service (e.g. tour, flight tickets, accommodation, etc.)	Date of travel service From To
Date of payment for travel services	Its amount CZK

Date and reason for cancellation of travel service

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Companions cancelling the travel service and requesting payment of the insurance benefit to the account or address below

Birth number	Surname, first name, title	Relationship to the insured	Signature of the passenger cancelling the travel service (beneficiary)
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Surname, first name, title of the person whose medical condition caused the cancellation of the service and the relationship of that person to the insured Signature

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I agree that the doctor will report my health to Kooperativa pojistovna, a.s., Vienna Insurance Group in section E. of this form

Are you covered by the same type of insurance with another insurance company? [2]	☐ No ☐ Yes	If Yes, which one?
Policy number	Date of travel service From	To

Transfer the insurance benefit to the account or to the address (specify only one of the options)

Bank	Account number	Bank code	Specific symbol
Recipient's address			

[2] Mark the valid option with a cross.

The insured is obliged to prove to the insurance company:
- the reason (fact) for which the travel service must be cancelled,
- a copy of the travel service order,
- proof of payment for the travel service,
- proof of the amount refunded („cancellation fee"),
- cancellation policy,
- confirmation from the provider or intermediary that it has not been possible to provide a substitute,
- insurance policy.

D. Information About the Processing of Personal Data

Processing of personal data
The following section provides basic information about the processing of your personal data. More information, including the possibility to object to processing based on legitimate interest, right of access and other rights, please refer to the document Information on the processing of personal data in non-life insurance, which is permanently available on the website www.koop.cz in the section „About Kooperativa".

Information on the processing of health data
You acknowledge that if **health data is** necessary for the investigation of the claim, the insurer processes it on the basis of necessity for the determination, **exercise and defence of legal claims**, for the purpose of administering and terminating the insurance contract, settling the claim and protecting against unjustified or unlawful claims and fraud prevention and investigation, reinsurance and co-insurance.

Information on the processing of personal data other than health data
You acknowledge that the insurer processes identification and contact data, data for the evaluation of the risk of entering the insurance and data on the use of services on the basis of the **legitimate interest** for the purpose of ensuring the proper set-up and performance of contractual relations with the policyholder and related relations with the insured or the injured party, administration and termination of the policy contracts, claims handling, reinsurance and co-insurance, protection of the insurer's legal claims and prevention and detection of insurance fraud and other illegal acts. You have the right to object to such processing at any time, which may be exercised in the manner set out in the Information on Processing of Personal Data in Personal Insurance. You acknowledge that the above personal data is also processed by the insurer on the basis of and for the purpose of **fulfilling the legal obligations** applicable to the insurer.

By submitting this form, you confirm that you have thoroughly familiarised yourself with the document Information on the processing of personal data in non-life insurance, in particular with the scope of the processed data, the legal grounds (reasons), the purposes and duration of the processing of personal data and the rights you are entitled to in this context.

I certify that I have given all the information on this form completely and truthfully. I understand the legal consequences of incomplete or false answers to the insurance company's obligation to pay. I consent to Kooperativa pojišťovna, a.s., Vienna Insurance Group, requesting all necessary documentation about my treatment and health condition (the insured's treatment and health condition) and I authorise the doctors and medical institutions interviewed to disclose information about my health condition (the insured's health condition) to the insurance company, even in the event of death.

Date	Signature of the insured (beneficiary)

E. Provider or Intermediary Travel Services

ID number	Name of the travel service provider or intermediary		
Address – street (place), descriptive/oriental number		Municipality – delivery post	POSTCODE
Phone	Mobile phone	E-mail	
Price of travel service for one person CZK	Total price of travel service CZK	Date of payment for travel services	Amount of payment CZK
Date of travel service From	To	Date of de-registration from travel service	
Has a replacement person been secured?[2] Yes ☐ No ☐			
The cancellation fees were settled on	In the amount of CZK	According to the cancellation policy, the provider or the intermediary retained this amount CZK	

Accompanying persons

Birth number	Surname, first name, title	Relationship to the insured
.....	.....	.....
.....	.....	.....
.....	.....	.....

Date	
	We confirm that the payment details and the cancellation fee charged by us are correct and have not been transferred to another date or tour.

[2] Mark the valid option with a cross.

F. Doctor's Report

If you are claiming cancellation of a travel service due to acute illness or accident of the insured, a person on the same policy or a relative, please complete this section. This person consents to the disclosure of medical information by signing the cover page of this form. The insured (beneficiary) is responsible for the cost of completing the report.

ID number	Name of the travel service provider or intermediary	Name	Title
Address – street (place), descriptive/oriental number		Municipality – delivery post	POSTCODE
Are you the named patient's regular physician? Yes ☐ No ☐	If yes, since when	Date you recommended cancelling the trip	
Did the patient have a previous medical condition that caused the trip to be cancelled? Yes ☐ No ☐		If yes, when	

Diagnosis and detailed description of the origin of the disease (injury), method and duration of treatment

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Diagnosis code according to ICD-10

Is it an acute illness? Yes ☐ No ☐	Does the condition (injury) require hospitalization or bed rest? Yes ☐ No ☐	Has s/he been issued sick leave? Yes ☐ No ☐
Certificate of incapacity for work no.	Incapacity for work From	To
In case of pregnancy, please specify	Onset of pregnancy	Expected date of delivery

Was the patient injured as a result of alcohol or substance abuse? Yes ☐ No ☐

Name of health care facility or name of doctor

Address – street (place), descriptive/oriental number	Municipality – delivery post	POSTCODE
Name of department	Department number	Phone

[2] Mark the valid option with a cross.

Date	Signature of the insured (beneficiary)

You can send us the filled out form by:
- sending it by e-mail to **podatelna@koop.cz**
- handing it in at **one of our branches**
- **sending it by post to the address**: Kooperativa pojišťovna, a.s., Vienna Insurance Group, Brněnská 634, 664 42 Modřice

Information about the processing of your personal data, including your rights, can be found on the website www.koop.cz in the "O pojišťovně Kooperativa" (About Kooperativa) section in the "Informace o zpracování osobních údajů" (Personal Data Processing Information) documents.