



Vloga za uveljavljanje odškodninskega zahtevka claim notification form

Zavarovanec, tj. Upravičenec do zavarovanja je dolžan brez nepotrebnega odlašanja najkasneje v 30 dneh po nastanku zavarovalnega primera uveljavljati odškodninski zahtev.

The insured, i.e. the insurance beneficiary is obliged to submit a request for reimbursement of costs (refund) without undue delay but not later than within 30 days after the insurance event.

ŠTEVILKA POLICE / POLICY NUMBER A1 SLO TIP 06/2024

Številka potrdila *Certificate Number*

Številka škodnega zahtevka *Claim Number*

Podatki o zavarovancu *Details of insured person*

A1 mobilna številka *A1 mobile telephone number*

Ime *Name*

Datum rojstva *Date of birth*

Naslov *Address*

Kontaktna telefonska številka *Contact phone number*

Priimek *Surname*

Davčna številka *Tax number*

Poštna številka in kraj *Postal Code, City*

E-naslov *E-mail*

Podatki o uporabniku *Details - beneficiary of the claim*

Ime *Name*

Datum rojstva *Date of birth*

Naslov *Address*

Kontaktna telefonska številka *Contact phone number*

Priimek *Surname*

Davčna številka *Tax number*

Poštna številka in kraj *Postal Code, City*

E-naslov *E-mail*



Podatki o zavarovalnem primeru *Information about the insurance event*

Vrsta zavarovalnega primera *Type of insurance*

- Zdravstvene storitve v tujini *Medical services abroad*
Search and rescue costs at sea and in the mountains
- Nezgoda v tujini *Accident abroad*
- Stroški iskanja in reševanja na morju in v gorah
Search and rescue costs at sea and in the mountains
- Dodatni stroški nastanitve ob odpovedi leta
Additional costs for accommodation on flight cancellations
- Zavarovanje prtljage *Luggage insurance*
- Zavarovanje odgovornosti na potovanju
Travel Personal Liability
- Izgubljeni ali ukradeni dokumenti
Lost or Stolen Documents

Datum in čas nastanka zavarovalnega primera *Date and time of the event*

Kraj *City*

Država *Country*

Podatki o zavarovalnem primeru (podroben opis razlogov/okoliščin, v katerih je nastal zavarovalni primer):
Information about the event (Detailed description of the reasons/circumstances under which the insured event occurred):

klica asistenčne službe *Date of calling the assistance company*

Če asistenčne službe niste klicali prosimo navedite razlog (obvezno izpolniti)

If you did not call the assistance company, state the reason for not calling (must be filled in)

Znesek storitev in/ali stvari, za katere uveljavljate povračilo?

What is the amount of services and/or goods that you would like to be reimbursed for?

Specifikacija nastalih stroškov *Specification of incurred costs*

Naziv stroška *Expense*

Datum *Date*

Znesek (valuta) *Amount (currency)*



Naziv stroška <i>Expense</i>	Datum <i>Date</i>	Znesek (valuta) <i>Amount (currency)</i>

Za obravnavo zahtevka predložite vse dokumente, ki dokazujejo višino in vzrok škode (potrdila o plačilu, uradni dokumenti, kot je potrdilo o tatvini itd.). Prosimo, da priložite kopije in shranite vse originalne dokumente, ki bi jih lahko zavarovalnica zahtevala od vas za oceno in poravnavo vašega zahtevka.

To handle the claim, please provide to the Application all documents that prove the amount and cause of the damage (payment receipts, official documents such as a Certificate of Theft etc.). Please attach copies of such documents and store any original documents which we might request from you in due course of the evaluation and settlement of your claim.

Število priloženih dokumentov *Number of attached documents*

Podatki upravičenca do odškodnine *Details of person to whom compensation should be paid*

Imetnik računa *Account holder*

IBAN *IBAN*

Banka *Bank*

Izjavljam, da sem na zgornja vprašanja odgovoril resnično in razumem, da bodo morebitne napačne informacije imele za posledico izgubo pravice do povračila škode.

I declare that I have answered the above questions truthfully and understand that any incorrect information will result in the loss of my right to compensation.

Izjava o resničnosti in pravilnosti podatkov *Declaration of the truth and accuracy of the information*

Izjava o seznanjenosti z obdelavo osebnih podatkov Declaration of awareness of the processing of personal data

Potrjujem, da sem prejel Obvestilo o obdelavi osebnih podatkov v okviru L'AMIE Pametnega turističnega zavarovanja Naročnikov in Uporabnikov A1 Slovenija, d. d. in v celoti razumem način obdelave mojih osebnih podatkov. Prav tako potrjujem, da bom v primeru obstoja tretjih oškodovancev vsaki od teh oseb, katerih podatke bi posredoval za namen uveljavljanja odškodnine, posredoval predmetno obvestilo oziroma jih napotil nanj. Prav tako razumem, da bodo za odločanje o moji upravičenosti iz L'AMIE turističnega zavarovanja morda potrebni tudi podatki, ki niso izčrpno naštet v obvestilu, kot so podatki o mednarodnem gostovanju mobilne številke zavarovanca (tj. ali je bilo mednarodno gostovanje aktivirano in za katero državo ob času zavarovalnega primera). Četudi sloni obdelava mojih osebnih podatkov na točki b) 6/1 člena Splošne uredbe o varstvu podatkov, za primere potrebe po obdelavi posebnih vrst osebnih podatkov (kot so podatki v zvezi z zdravstvenim stanjem) Zavarovalnico pooblašчам da pridobi za namen obravnave mojega zahtevka katerekoli potrebne podatke vključno s podatki posebne vrste. Poleg tega pooblašчам zdravnike, pri katerih sem



ali sem se zdravil, ter predstavnike zavarovalnice (zasebne ali pravne), da zavarovalnici posredujejo podatke o mojem zdravstvenem stanju (izvidi, izvidi, pregledi) in odpust od njihove obveznosti zaupnosti v tem kontekstu.

I confirm that I have received the Notice on the processing of personal data in the framework of L'AMIE Smart travel insurance for Subscribers and Users of A1 Slovenia d.d. and I fully understand the way my personal data is processed. I also confirm that, in the event of the existence of third-party injured parties, I will forward the notification in question to each of these persons, whose data I would provide for the purpose of claiming compensation, or refer them to him. I also understand that in order to determine my eligibility for L'AMIE Travel Insurance, information that is not exhaustively listed in the notice may be required like data on the international roaming of the insured's mobile number (i.e., whether international roaming was activated and for which country at the time of the insurance event). Even if the processing of my personal data is based on point b) of Article 6/1 of the General Regulation on Data Protection, in cases of the need to process special types of personal data (such as data related to the state of health), I authorize the Insurance Company to obtain for the purpose of processing my claim any necessary data including special type of data. In addition, I authorize the doctors by whom I am or have been treated and the representatives of the insurance company (private or legal) to provide the insurance company with information about my medical condition (examinations, findings, examinations) and discharge from their obligation of confidentiality in this context.

V In

Podpis vlagatelja zahtevka/
Signature of Applicant

Datum Date