

**IMPORTANT! Please, fill in all fields prior to sending the notification!**

**Action of the Insured in case of occurrence of an insurance event**

Upon occurrence of an insured event the Insured shall immediately notify **Colonnade Insurance S.A. – Bulgaria Branch** in writing by filling in the notification below and sending it directly to **Colonnade Insurance S.A. – Bulgaria Branch** via:

- E - mail: [claims@colonnade.bg](mailto:claims@colonnade.bg)
- Address: 51B Cherni vrah blvd., floor 2, FairPlay International business center  
1407 Sofia, Bulgaria  
"Claims Department" of **Colonnade Insurance S.A. – Bulgaria Branch**
- Tel: + 359 2 930 93 30

If the insured event occurs on weekend or any official national holiday, the notification may be sent on the first working day afterwards. The indemnity payment will be made within 15 days after receiving all of the required documents.

**NOTIFICATION**

Insured:	Personal ID number:
Address:	
E-mail:	
Phone number:	Mobile:
Policy number:	
Place of work:	
Occupation:	
Date of occurrence:	
Description of the insurance event:	
Consequences (injury description due to the accident):	
Medical treatment performed (short description, name of treating physician):	
Attached documents:	
Required indemnity in BGN:	
Bank account in BGN for indemnity payment:	
BIC:	IBAN:
Beneficiary:	

**Personal Data Processing**

By completing and submitting this Claim Form, you are requesting Colonnade Insurance S.A. – Bulgaria Branch (the "Insurer") to execute an insurance contract. Such a request made to the Insurer is sufficient and independent ground for processing of your personal data provided in / with this Claim Form and the documents attached thereto. If you do not have the quality of "insured" or "policyholder", you should also submit to your Claim Form a "Declaration of consent for personal data processing", which you can download from the following address: <https://www.colonnade.bg/en/claims/>. Please complete the Declaration and send it to us, signed together with the completed Claim Form. Without your consent to processing of personal data, we cannot process your claim.

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By providing personal information to Colonnade Insurance S.A. - Bulgaria Branch (the "Insurer") in connection with your statement to the Insurer and by signing below, you give your express consent to the Insurer to collect and process the personal data provided for purposes set in the Privacy Policy, which is published on <https://www.colonnade.bg/data-privacy-policy/>, in the "Declaration of consent for the processing of personal data", which is also published at <https://www.colonnade.bg/en/claims/>, as well as for the purposes of the insurance relation.

You can request a copy of the "Privacy Policy" by contacting us at the following e-mail address: [dpo@colonnade.bg](mailto:dpo@colonnade.bg) or by mailing us at: Colonnade Security A - Bulgaria Branch, 1407 Sofia, Cherni Vrah Blvd. No. 51B, inc. B, floor 2, FairPlay Business Center.

Date: \_\_\_\_\_ Insured / Authorized person: \_\_\_\_\_

(name)

(signature)