

Claim number:

\_\_\_\_\_ / \_\_\_\_\_

Date of birth (day/month/year):

\_\_\_\_/\_\_\_\_/\_\_\_\_

The Insured is:  right handed  left handed

Name of Insured (Injured): \_\_\_\_\_

Tax ID number: \_\_\_\_\_

Address: \_\_\_\_\_

Contract ID code: \_\_\_\_\_ Name of product: \_\_\_\_\_

**If the Insured is different from the Policyholder:**

Date of birth (day/month/year):

\_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the Policyholder: \_\_\_\_\_

**In case of household insurance:** The Insured is  relative  close relative of Policyholder

The Insured has lived in the same household with the Policyholder from \_\_\_\_\_ (day/month/year)

**Please complete the section below only in case of an accident, and attach the document to be submitted to the claim form.**

Circumstances of the accident (when, where, how it happened, description of injury): \_\_\_\_\_ (day/month/year)

\_\_\_\_\_  
\_\_\_\_\_

Was there an investigation carried out by the authorities?  No  Yes Proceeding authority: \_\_\_\_\_

Was the blood alcohol level tested?  No  Yes Test carried out by: \_\_\_\_\_

**Document(s) to be submitted:** Document issued by the authority, final order/resolution/decision, report of accident at work, blood alcohol level test result, permit to perform activity, copy of driving licence

**Please complete only those parts applicable to your claim, and attach the document to be submitted to the claim form.**

*I request provision of services for the following insurance event:*

- Fracture, splitting of bone **Document(s) to be submitted:** medical proof of injury (X-ray results)
- Accident-related incapacity, sickness allowance **Document(s) to be submitted:** proof of the duration and cause of sick leave (medical or social security payment-point certificate)
- Hospital care (in-patient) **Document(s) to be submitted:** proof of on-going hospital care (final hospital report, or hospital discharge)
- Sickness allowance **Document(s) to be submitted:** proof of the duration and cause of sick leave (medical or social security payment-point certificate)
- Birth of a baby **Document(s) to be submitted:** birth certificate
- Retirement **Document(s) to be submitted:** final resolution ordering retirement

Social security I-II-III. Disability retirement **Document(s) to be submitted:** final social security decision (OOSZI expert opinion)

*In the case of Aranyfedezet:*  I request the payment of the pool of the insurance, and the termination of the insurance policy.

*Please note that should the insurance policy be terminated within 10 years with a lump-sum payment, you shall pay to APEH an amount which is equivalent to the utilised tax allowance increased by 20% interest rate.*

Accident-related disability (permanent impairment to health) **Document(s) to be submitted:** medical proof of accident-related disability (final hospital report or hospital discharge), documents of anamnesis, results of the most recent medical check-up

*Pursuant to insurance regulations, the Insurance Company shall establish the degree of health impairment not involving amputation within 2 years of the accident.*

Surgery **Document(s) to be submitted:** medical proof of surgery (final hospital report), documents of anamnesis

Critical Illness **Document(s) to be submitted:** medical proof of critical illness (final hospital report or hospital discharge), documents of anamnesis

**Please only complete the section below if claimant is minor, incompetent or limited in competence.**

Name of claimant: \_\_\_\_\_ Date of birth (day/month/year): \_\_\_\_\_

Mother's name: \_\_\_\_\_

I, the undersigned, as the legal representative of the claimant, authorise the Insurance Company to notify the guardianship authority of competent jurisdiction of the payment.

**In the section below, please complete the data related to payment with block letters.**

*Please note that the bank transfer is expected to take 2 working days and the postal delivery takes about 6 working days from the start of the payment procedure.*

Tax number: \_\_\_\_\_

Date of claimant/legal representative: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth (day/month/year): \_\_\_\_\_

Address: \_\_\_\_\_ City/town: \_\_\_\_\_

Road/street/square: \_\_\_\_\_ No./floor/apt.: \_\_\_\_\_

*Please pay the service amount due for the insurance event described below:*

to an account at a financial institution Name of account holder: \_\_\_\_\_

to my address Number of the account: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, the undersigned hereby certify that the information stated above is true and correct, and that to the best of my knowledge and belief there is/are no disqualifying cause(s) with respect to the service. I accept that any payment made based on the present claim, does not constitute an automatic acceptance of further claims by the Insurance Company, and that the Insurance Company may require the submission of further documents and data in addition to the those on the claim form. I authorise the Insurance Company to manage my personal, special and health-related data disclosed in the framework of my present claim report for the purpose of assessing the claim, and if the activity is outsourced, then to disclose these data to another business organisation, which it has a contractual relationship with, and which complies with the provisions on insurance secrets and the Data Protection Act.

By signing the present statement the client authorises the Insurance Company to handle any personal and special data of the client for the assessment of the claim only, which data were obtained via any statements made as the client of the Insurance Company or via any other legal means, for the purpose and duration described in section 5 of the Client Information Sheet; to disclose such data to other business organisations or official bodies or persons in accordance with the provisions of the current Insurance Act and Data Protection Act; to evaluate the personal characteristics of the person concerned via automated data processing using a computer only, provided that the client has the opportunity to express his views on this issue and – should he so request – be given information on the methods used; and to examine any documents generated in connection with the claim with another insurance company managing a policy covering the same or a similar risk, with the police or with any other authority.

By signing the present statement the client releases from the obligation of secrecy any physician and medical care institution that has information on the client – or should the Insured be different, then on the Insured – obtained in the framework of examinations or treatments; furthermore, the client authorises the medical, social security and administrative institutions and other authorities (e.g. the police, courts of justice, the prosecutor's office), which have data connected to the case, to submit to AEGON Magyarország Általános Biztosító Zrt the data necessary for assessing the claim.

Please send the claim form together with the attached documents to: AEGON Magyarország Általános Biztosító Zrt., 9701 Szombathely, Pf. 63.

Dated: \_\_\_\_\_, \_\_\_\_\_ (day/month/year) Signature: \_\_\_\_\_

## INFORMATION ON DATA MANAGEMENT

The Insurance Company informs clients submitting a claim of the following:

1. Pursuant to Act LXIII of 1992 amended by Act XLVIII of 2003 on protection of personal data and on access to public data, AEGON Magyarország Általános Biztosító Zrt. retains and manages the personal and special data during the validity of the contract and after termination, during the compulsory retention period, as required by law.
2. The Insurance Company is bound by an obligation of secrecy with respect to data obtained on the personal circumstances, financial standing and insurance contracts of its clients (insurance secrets). The Insurance Company may only disclose data falling into the category of insurance secret to any third party should the party concerned, or his legal representative release the Insurance Company from the obligation of secrecy, in writing, specifying precisely, which secrets may be disclosed. In the absence of such releasing statement from client, the Insurance Company may only disclose any insurance secret to organisations listed in Act XCVI of 1995 on insurance institutions and insurance activities, and Act LX of 2003, which superseded the former, and only to the extent determined therein.
3. **Rights of parties concerned and enforcement of rights**  
The party concerned may request information on the handling of his data, may request the correction of his personal data, and the deletion thereof – except where data management is required by law. The data manager shall provide information to the requesting party concerning his data managed by the data manager, and the conditions of data management to the extent required by law.
4. **Right of protest and legal remedy**  
Under Section 16/A of the act on the protection of personal data, the party concerned may protest against the management of his personal data, including the case in which the management (transfer) of personal data is only necessary to enforce a right or legal interest of the data manager or the data receiver, except should the data management be required by law. The party concerned may also protest should the opportunity of exercising the right of protest be otherwise legally provided. The data manager is liable to investigate such reports in accordance with the law, and inform the reporting party in writing.  
The party concerned may submit a suit against the data manager if his rights have been violated. The data manager is liable to compensate any verified damage of the concerned party, should it be caused by unlawful data management or by the violation of the technical data protection rules.
5. **Purpose and duration of data management**  
The purpose of the data management may be to conclude or amend an insurance contract, to keep it in the portfolio, to assess claims arising from the insurance contract, or any other purpose specified by law, during the legal relationship arising from the insurance contract, and during the period in which claims can be enforced against it; personal data in unexecuted insurance contracts may be managed until claims can be enforced in connection with the failure to execute the contract.