

Loss report - Accident Insurance

1. Insurance holder

Salutation	Title	First name	Last name
Address (Street name + House No.)		Country	Post code
City / Town – Place of residence		Phone (home)	Phone (work)
E-mail address		Personal ID No. (LH Group only)	

2. Information on the injured person / accident victim

Salutation	Title	First name	Last name
Address (Street name + House No.)		Country	Post code
City / Town – Place of residence		Profession	Date of birth

3. Circumstances of the accident

Place of accident (Street, House No. Square)	Date of the accident	Time of the accident
Circumstance of the accident		Was the accident caused by somebody else?
<input type="checkbox"/> Work accident <input type="checkbox"/> Commuting accident <input type="checkbox"/> Household <input type="checkbox"/> Shopping <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Person who caused the accident (please fill in only if another person is liable)		
Salutation	Title	First name
Address (Street name + House No.)		Post code
City / Town – Place of residence		
Accident witness (1)		
Salutation	Title	First name
Address (Street name + House No.)		Post code
City / Town – Place of residence		
Accident witness (2)		
Salutation	Title	First name
Address (Street name + House No.)		Post code
City / Town – Place of residence		

4. Detailed description of the accident

How did the accident occur? (Please enclose any reports / records)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the accident recorded by the police?	File ref. No.	Police station
Address of the police station Address (Street name + House No.)		Post code
City / Town – Place of residence		
Was a blood alcohol test performed?	Result of the blood alcohol test (in ‰)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Loss report - Accident Insurance

5. Type and extent of injuries

What injuries or other health impairments has the victim sustained?

--

Occupational impairment / inability to work
 Has the accident resulted in an impairment?

Yes No

Time period

Is that impairment ongoing?

Yes No

Is there any reason to suspect a lasting impairment?

Yes No

What is the recovery perspective? (State a time period if applicable)

--	--

6. Treatment by physician(s)

Date of primary treatment

--

Information on the first attending physician

Salutation

Title

First name

Last name

Address (Street name + House No.)

Country

Post code

City / Town – Place of residence

Other physician consulted
 (1) Salutation

Title

First name

Last name

Address (Street name + House No.)

Country

Post code

City / Town – Place of residence

Other physician consulted
 (2) Salutation

Title

First name

Last name

Address (Street name + House No.)

Country

Post code

City / Town – Place of residence

Attending physician

Salutation

Title

First name

Last name

Address (Street name + House No.)

Country

Post code

City / Town – Place of residence

Is the victim still undergoing medical treatment by a physician at present? Expected duration of treatment:

--	--

7. Prior disorders & previous accidents

Was the injured person in full health before the accident occurred?

Yes No

Type of prior illness or disorder

--

Has the injured person ever received
 any compensation for accidents before?

Yes No

When?

Amount of compensation

From which company?

--	--	--	--

Does (or did) the injured person receive a pension?

Yes No

Amount of pension (in percent)

From which insurer?

--	--	--

Loss report - Accident Insurance

8. Additional information in case of accidents involving motor vehicles or aircraft

What kind of aircraft / vehicle was used?		Registration number	
Flight number	Flight itinerary		
Who was in control of the vehicle / aircraft			
Salutation	Title	First name	Last name
Address (Street name + House No.)		Country	Post code
		City / Town – Place of residence	
Was the injured person wearing a seat belt?		How many people were travelling in the vehicle/aircraft?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Other insurance cover

Was the injured person covered by any other private accident insurance?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Policy No.	Amounts insured
Company	Policy No.	Amounts insured
Company	Policy No.	Amounts insured
Of which Workmen's Compensation Insurance Organization [Berufsgenossenschaft], if any, is the injured person a member? (Information is needed only for work accidents or commuting accidents.)		

General provisions/ Data Protection

I am aware that the insurer, in assessing its compensation obligations, will verify the information and documentary evidence I have provided or submitted in support of my claims. Such verification, taking into account health data, will be undertaken only if the above-mentioned claim gives cause thereto (e.g., issues relating to diagnosis, course of treatment, or medical invoicing).

Declaration regarding data use:

By signing below I **consent** that the personal data stated in this report, or provided or communicated by myself, may be collected, stored and used by Delvag Versicherungs-AG for claim assessment purposes.

Enclosure: Data Protection Policy of Delvag Versicherungs-AG

I **declare** by signing this document that I have taken note of Delvag's enclosed Data Protection Policy.

Place / date	Insurance holder's signature	Signature of claimant(s)

Data Protection Information - Information on the use of your Personal Data

Policyholder, Insured Persons, Beneficiaries or Injured Parties

Person in Charge for the Processing of Personal Data

Delvag Versicherungs-AG, Venloer Straße 151-153, 50672 Cologne (hereinafter also referred to as "Delvag", "we", "us"), a company of the Lufthansa Group, attaches great importance to your privacy when processing personal data in our daily business processes.

This information is to inform you about the processing of your personal data and the rights to which you are entitled under applicable Data Protection Law.

Should you have any further questions regarding data protection, please contact our data protection officer:

Lufthansa Group Privacy – Representative

Deutsche Lufthansa AG
Konzerndatenschutz-Beauftragte
Lufthansa Aviation Center
Airportring
60546 Frankfurt/Main

For data protection questions you can also send an e-mail:
datenschutz@dlh.de or datenschutz@delvag.de

You will also find information about the protection of personal data on our [website](#).

Purpose and Legal Bases of Data Protection

We process your data with regard to the EU General Data Protection Regulation (GDPR), to the German Federal Data Protection Act, the relevant Data Protection Regulations of the Insurance Contract Law as well as all further relevant laws. Our data protection policy is also based on the Data Protection Guidelines applicable to the Lufthansa Group.

If you apply for an insurance coverage with our company we require the information that you have provided for the conclusion of the contract and in order to be able to assess the risk which is intended to will cover. If the insurance contract is concluded, we will process these data in order to implement your insurance contract, e. g. to the policy or to issue the invoice. Regarding policyholders, insured persons, beneficiaries and/or injured parties, we may require and process data in case of an insured event in order to verify if such event has occurred and to determine a possible payment.

The conclusion or implementation of the insurance contract is not possible without processing of your personal data.

In addition, we may require your personal data to create insurance-specific statistics, e.g. to develop new rates or to comply with supervisory requirements. We may use the data for an examination of the entire customer relationship, for example to advise you on adapting or supplementing a contract, for goodwill decisions or for providing comprehensive information. The legal basis for the collection and processing of personal data for pre-contractual purposes and for the fulfillment of the contract to be concluded or concluded with you is art. 6 para. 1 b) GDPR and art. 6 para. 1 c) GDPR. If special categories of personal data (e.g. health data) are required for the conclusion of the contract and its implementation, we require your consent. If we compile statistics with these data categories, this is done on the basis of art. 9 para. 2 j) GDPR in conjunction with § 27 BDSG. We also process your data to protect our legitimate interests and/or those of third parties (art. 6 para. 1 f) GDPR).

This may be necessary in particular:

- To protect Delvag against material or immaterial damage;
- To advertise our products and services;
- For cost optimization, control and/ or minimization;

- For reasons of IT security and/or IT operations.

Furthermore we process your personal data to fulfill legal requirements such as supervisory requirements, safekeeping obligations as far as commercial or tax matters are concerned or as far as our consultation obligation is concerned. The legal basis for the processing is the respective legal regulations in connection with art. 6 para. 1 c) GDPR. If we intend to use your personal data for a purpose not mentioned above, we will inform you in the frame of the legal provisions mentioned above.

Categories of Recipients of Personal Data

Reinsurers

We insure risks assumed by us with special insurance companies (reinsurers), if necessary. For this purpose, it may be necessary to transfer your contract data and, if applicable, loss data to a reinsurer so that the latter is able to assess the risk or insured event. In addition, it is possible that the reinsurer will support our company in the risk or performance assessment and in the evaluation of procedures on the basis of its special expertise. We will only transfer your data to a reinsurer to the extent this is necessary for the fulfillment of our insurance contract with you or to the extent necessary to protect our legitimate interests.

Agents /Insurance Broker

If an agent or insurance broker advises you as far as your insurance contracts are concerned, he will process the necessary data of application, contract and claims. Also our company will transfer these data to the agent who advises you as far as this information is required for your guidance and consultation in your insurance and finance matters.

Co-Insurer

If co-insurance exists, we pass on a part of the risk assumed by the insurance contract to co-insurers. In this case it may be necessary to provide the co-insurer underwriting details, such as the policy number, the premium or the type of insurance cover. If co-insurance includes participation in loss assessment, we will also pass on further information required to determine the loss or benefit. It is possible that our co-insurers also make use of a reinsurer to whom they also transmit the corresponding data to the extent necessary.

Data Processing in the Delvag Group

The companies of the Delvag Group perform certain data processing tasks centrally for the companies affiliated in the Group. For example, your data can be processed for billing purposes in a common program for all companies in the Delvag Group.

The companies of the Delvag Group include:

Delvag Versicherungs-AG, Venloer Straße 151-153, 50672 Cologne

Albatros Versicherungsdienste GmbH, Venloer Straße 151-153, 50672 Cologne

Albatros Service Center GmbH, Venloer Straße 151-153, 50672 Cologne

External Service Providers

We make use of external service providers in some cases to fulfill our contractual and legal obligations.

Further Recipients

In addition, we may transfer your personal data to other recipients, such as public authorities to fulfill legal notification obligations (e.g. law enforcement authorities, tax authorities or social insurance carriers).

Period of Data Storage

We delete your personal data as soon as they are no longer required for the above purposes. With this it may happen that personal data are stored for the period during which claims may be laid towards our company (legal period of limitation of three or up to thirty years). Furthermore we store your personal data as far as we are legally obliged to do so. Please see the commercial code, the tax code and money laundering act for the respective obligations of proof and storage.

Rights of the Persons Affected

You may demand information about the stored data of your person on the above address. Furthermore you may demand the correction or the deletion of your data under certain circumstances. You will also have the right to limit the processing of your data as well as to issue the data in a structured, usual and machine-readable format.

Right of Revocation

You have the right of revocation to a processing of your personal data for purposes of direct advertisement. If we process your data to secure justified interests, you may revoke this processing, if your special situation has arguments against this processing of data.

Right of Complaint

You have the possibility to contact the above mentioned data protection officer or a data protection authority. The data protection authority responsible for us is:

Landesbeauftragte für Datenschutz und
Informationsfreiheit Nordrhein-Westfalen
Postfach 20 04 44
40102 Düsseldorf

Data exchange with your former insurer and others

In order to verify your details on conclusion of an insurance contract or your details upon the occurrence of an insured event, personal data may be exchanged to the extent necessary, e.g. with the former insurer named by you in the application. If we transmit special categories of personal data (e.g. health data) in our inquiries, e.g. to the previous insurer, and if we collect such special data, we will obtain your prior consent in each case.

Data transfer to a third country

If we transfer personal data to service providers outside the European Economic Area, the transfer is only affected, if the third country is certified by the EU commission to have a reasonable data protection level or other reasonable data protection guarantees (e. g. binding, in-house data protection regulations or EU standard contract terms).

Automated Single Decisions

Details you have provided regarding the insured event, the data of your insurance contract stored as well as possible information given by third parties may be used in order to carry out fully automated decisions in order to determine a possible payment to be made by Delvag. This reduces the turnaround times extremely. The automated verification is effected on a standard basis in the form of processing steps which are rule-based. Automated decisions are based on the usage of binding tariff regulations and common valid requirements of the law on fees and charges. If the verification ends in a negative decision (i.e. not to pay the claim), we will inform about the reasons in our statement of benefits. The revocation will lead to a manual verification and decision.

Latest Version

You can find the latest version of our Data Protection Information on our [website](#).