

NOTIFICATION OF ACCIDENT

All information processed on basis of this claim form are necessary for collecting information and documentation for further processing of the claim	
1.	Name and surname of the injured person:
2.	Address:
3.	Telephone/fax:
4.	E-mail:
5.	Date of birth:
6.	Date and place of accident:
7.	Detailed description of accident and cause of misfortunate event:
8.	Injuries that are consequences of the above described misfortunate event:
9.	Registration number and name of vessel on which the accident occurred:
10.	Yacht-Pool insurance policy number:
11.	Information on eventual witnesses of the event:
	Name and surname
	Contact address, telephone, GSM and/or e-mail address
	a)
	b)
	c)
	d)
12.	Note:

The notification submitter is responsible for the accuracy and authenticity of information listed in this application! I authorise physicians that have treated me formerly to submit to the insurer all requested documentation.

In _____, on _____

Signature of submitter

To submit with the application:

1. Complete medical documentation
2. List of crew and passengers

Documentation to be submitted to:

stete@yacht-pool.hr

Yacht Pool Internacional d.o.o. handles personal data for the purpose of processing the claims for the Insurer Wiener osiguranje Vienna Insurance Group d.d., taking special care of their protection. More detailed information on how we handle personal information can be found at <https://www.wiener.hr/informacije-o-obradi-podataka.aspx>