

Alfa Vienna Insurance Group Biztosító Zrt.

Phone Customer Service: (+36) 1-477-4818  
 Website: alfa.hu/sziget

Claim no\*:

Ticket(s) ID(s):

**1. POLICYHOLDER**

Policyholder: Sziget Kulturális Iroda Menedzser Zrt.

**2. DATA OF THE EVENT CANCELLING INSURED**

Surname:  first name:

Place of birth:  Date of birth:  month  day  year

address: post code:  town/city:

street/square:  house number:  floor:  door:

Mobile phone:

E-mail:

**3. REASON FOR EVENT CANCELLATION**

illness  accident  death

death of the Insured's close relative, spouse of partner registered at the same permanent address as the Insured

**4. LIST OF DOCUMENTS TO BE ATTACHED TO THE CLAIM FORM**

Please attach the following documents to the claim form:

- cancellation declaration of the Insured to the Insurer;
- a certificate from the Insurer, that the Ticket has not been validated, and the Ticket has been deactivated, it does not authorise the holder for admission.
- if the insured event is due to illness or accident, medical documents from hospital sources relating to the illness or accident, imaging reports, medical reports of the medical specialist confirming the onset of the illness;
- medical reports indicating the expected date of completion of treatment or recovery (taking into account the average duration of treatment professionally accepted by the doctor), control reports obtained during the treatment and suitable for monitoring the recovery process;
- the documents submitted must include the code of the corresponding care centre for the Insured, the date, the journal number, the patient's personal data, the content of the medical documents (history, present condition, test results, treatment, further treatment plan, diagnosis), the stamp and signature of the care centre and the attending physician;
- the Insurer may also request the original of the medical documents from hospital sources, which will be returned to the Insured after the assessment;
- if the inability to participate in the Event was caused by an accident, documents stating the exact date and circumstances of the accident, the first post-accident care report, the reports of imaging examinations and all medical documents from hospital sources generated during treatment, the specialist medical report specifying the expected duration of treatment;
- death certificate, death examination certificate, autopsy report, probate order;
- in the case of a traffic accident, the police report of the accident or, if no police report has been drawn up, the certificate of the insurer proceeding in the case;
- documents proving the degree of relationship.

**5. IF THE INSURED DOES NOT CANCEL THE TICKET DUE TO THEIR OWN ILLNESS**

Surname of the deceased:  first name:

Relationship with the Insured:

Time of death:  month  day  year

**6. DATA OF THE TICKET**

Ticket(s) cancellation date:  month  day  year

Total price(s) of cancelled ticket(s):  HUF or  EUR

Place and date: ,  month  day  year

**X**

Insured's/Beneficiary's signature

\* To be filled in by the Insurer.

**Annex 1.**

**DECLARATION OF THE INSURED**

I request the insurance benefit to be paid into the following bank current account:

Account managing bank:

Account holder's surname:  first name:

Swift code:  IBAN/Bank account:

Payment currency:  EUR  HUF

I, the undersigned, declare that the data and statements in the claim form are true.

Attachments:  medicinal documents  pc(s)

other  pc(s)

Place and date.: ,  month  day  year

**X**

Insured's/Beneficiary's signature

Please send the claim form and the required documents to the following email address **[ticket@alfa.hu](mailto:ticket@alfa.hu)**

Ticket(s) ID(s)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

### INTRODUCTION

We wish to inform you the supply of sensitive data may be required for the services and enforcement of legal claims based on the insurance contracts. The Insurer defines the scope of sensitive data to be processed only when there is a specific processing objective (claim settlement, enforcement of a legal claim), so this notice and the consent to processing can only be applied when a specific processing objective exists.

Personal insurance claims and death claims can only be processed with the consent of the person concerned for the processing of sensitive data (health data), as required by law. The rights to the processing of the health data of deceased persons may be exercised by the heir(s) of the deceased or the beneficiary(ies) named in the insurance contract. The sensitive data requested by the Insurer are based on the following types, in relation to which the data subject may provide a declaration based on the specific purpose of processing:

- **health data.**

The Insurer specifies the data requested for the transaction (claim settlement, enforcement of a claim).

**IMPORTANT!** The supply of data is voluntary, but the Insurer may specify mandatory data to assess a claim. If you refuse to supply data in such a case, the Insurer will not be able to decide e.g., on a payment.

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### NAME AND CONTACT INFORMATION OF THE CONTROLLER

**The controller:** Name: Alfa Vienna Insurance Group Biztosító Zrt.  
Registered office: 1091 Budapest, Üllői út 1.  
Contact: [alfa.hu/irjonnekunk](mailto:alfa.hu/irjonnekunk)

### CONTACT DETAILS OF THE DATA PROTECTION OFFICER

E-mail address: [adatvedelem@alfa.hu](mailto:adatvedelem@alfa.hu)

### PURPOSE OF THE PLANNED PROCESSING OF SENSITIVE DATA AND LEGAL GROUND OF PROCESSING

#### The purpose of the processing

The controller intends to use the provided sensitive data

- for claim settlement, or
- for the enforcement.

of a legal claim.

#### Legal ground of the processing

- your consent during claim settlement<sup>1</sup>,

You may withdraw your consent at any time, without any limitation which does not affect the lawfulness of the processing performed on the basis of your consent prior to the withdrawal. However, before making your decision, please note that the conclusion of the insurance contract or the performance of the service is not possible without the data processing indicated here.

- your consent in case of a legal claim related to the service<sup>2</sup> or the interest of the Data Controller in presenting or defending legal claims<sup>3</sup>.

### RECIPIENTS OF PERSONAL DATA AND RECIPIENT CATEGORIES

The insurer (controller) transfers the personal data

- to medical experts who have a contract with the insurer in order to evaluate and assess the submitted claim from medical aspects, in relation to whom further information is available at [alfa.hu](http://alfa.hu).
- to the forensic medical expert assigned by the insurer, the data subject or the court in relation to the submission, enforcement or protection of a legal claim; if you did not request the opinion, you will be informed of the expert.
- there may be claim events that require the involvement of the medical service provider or physician performing the treatment and access to the data required for the assessment of the event by the insurer. With your consent we shall contact the health institution or physician performing the treatment in order to obtain that information. The information provided by you shall apply to the identity of the medical service provider or physician to be contacted.

1. Article 6(1) of the R and Article 9(2)a) of the Regulation of the European Parliament and of the Council of 27 April 2016 (EU) 2016/679 (hereinafter: R)

2. Article 6(1)(a) of the R and Section 136 of Act LXXXVIII of 2014 on the Insurance Activities

3. Article 9 (2) f) of the R.

## DATA TRANSFER TO A THIRD COUNTRY OR TO AN INTERNATIONAL ORGANISATION

There is no data transfer.

## DURATION OF STORAGE OF PERSONAL DATA

The controller will process the above data

- during the effective term of the underlying contract when you submit a claim under the contract, either as the policyholder or insured of the insurance contract or the beneficiary/heir thereof, or the injured party of the damage caused by the policyholder/insured if they are sensitive data relating to the claim and during the period of enforceability of any civil law and/or criminal law claim relating to the contract or the claim and for 20 years from the termination of the contract,
- if, in connection with the contract, a legal claim needs to be lodged, enforced or defended, it will process the data during the period of the adjudication of the claim and the period of the enforceability of any civil and/or criminal claim related to the event giving rise to the claim, i.e. for 5 years after the conclusion of the proceedings for the enforcement of the legal claim, even if the retention period would be shorter.

## RIGHTS OF THE DATA SUBJECT

In relation to your personal data you may, without any limitation, at any time:

- request information about the details of the processing, including a copy,
- request a correction of inaccurate data,
- request erasure,
- request restriction of processing if you consider the processing to be unlawful, but do not request erasure, or until the outcome of a request for data accuracy; or
- may also object to the processing of your personal data if the processing of the data is based on the legitimate interests of the Insurer, in addition
- may exercise your right to data portability.

Based on the right to restriction, we only store the data and do not perform any other operations with the data. With regard to the right to restriction and erasure, please note that in the context of an insurance contract, we need to process data whose processing is necessary for the conclusion of the contract in order to settle a claim. If you request a service of the insurer on the insurance contract of the person causing the injury, the refusal to supply data can also prevent the detection and assessment of the accurate facts.

In the context of the right to data portability, you may request that we transfer the data you have provided to us in machine-readable format in order to transfer it to another controller/processor, provided that the technical and data security conditions are met.

You can lodge a complaint about our processing with our company at [adatvedelem@alfa.hu](mailto:adatvedelem@alfa.hu) or with the National Authority for Data Protection and Freedom of Information, or you can take your complaint to court.

### Right to submit a complaint to the Supervisory Authority

Address of the authority: Falk Miksa utca 9–11, H-1055 Budapest, Hungary

Postal address of the authority: P.O. Box: 9, H-1363 Budapest, Hungary

Address of the website of the authority: [www.naih.hu](http://www.naih.hu)

You can find detailed information on the content of each right at the link: [alfa.hu/adatvedelem/adatbiztonsag.html](http://alfa.hu/adatvedelem/adatbiztonsag.html)

## AUTOMATED DECISION-MAKING, PROFILING

We do not use automated decision-making or profiling when making decisions in relation to the processing purposes identified above.

## PROCESSING FOR OTHER PURPOSES

Your sensitive data submitted to us for the purposes indicate in this notice will not be used for any purpose other than the one stated herein.

## DECLARATION OF CONSENT

Please sign this declaration only if you consent to the processing of your health data.

On the basis of the above information provided by the insurer, by signing this declaration, I **voluntarily** agree that the Insurer may use the specific data provided to it for

- claims settlement,
- enforcement of a right

for the period specified in the notice.

I also agree that

- in order to achieve the purpose of processing or obtain the required medical expert opinion, the insurer may transfer my data to the medical expert assigned by the insurer and disclosed in the manner stated in this notice,
- contact the health service provider, physician providing the treatment or the authority in order to obtain my health data required for the assessment of my submitted claim and other data related to the claim event as well as to process them in relation to the claim during the period specified in this notice.

Date:  ,  month  day  year

Family name of the Insured/Payee, Insured's heir

Date of birth:  month  day  year

Signature: