wüstenrot

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Wüstenrot poisťovňa, a.s. (Insurance company)
Digital Park I, Einsteinova 21
851 01 Bratislava, Slovak Republic
Company Registration No. (IČO): 31 383 408,
Companies Register of the Bratislava III
City Court,, Section Sa, File No. 757/B
www.wuestenrot.sk

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GDPR 01/2026 Z54

ATTENDING PHYSICIAN CASE REPORT
LASTING EFFECTS FROM THE INJURY (one year after the date of accident)

The form can fill only specialist physician who is not a relative of an injury affected person specified in this notice.

THE INSURED, OR CO-INSURED CHILD PARTICULARS

Date of the injury:

Name, surname, title		Personal number
Date of birth	Type and number of identity document	Nationality
Permanent address Street, property registration number (registered office)	Municipality	Postcode
Telephone	Email	

Are you a politically exposed person according to Act No. 297/2008 Coll.? ☐ Yes ☐ No If so, please specify in what position:

If the injury occurred to a child, please answer the questions in the part Declaration of the legal representative of the minor insured.

By signing this form, I confirm that I was born in the USA, am a US citizen, and am liable for tax in the USA. ☐ Yes ☐ No

Place of birth (Town/city of birth)[1]

State of birth[1]

Tax identification number or identification number used in an EU Member State or contracting state for tax purposes[2]
(in the case of Slovak citizens with permanent residence in Slovakia, only indicate if Slovakia is not the client's country of tax residence)

Designation of country of tax residence[3]

Numbers of insurance contracts that insure you against injuries:

I empower Wüstenrot poisťovňa, a.s. to request the necessary medical documentation about my treatment and health condition and release healthcare professionals from their confidentiality obligation. I also declare and confirm with my signature that I have read the Information on the processing of personal data, which is an integral part of this Attending Physician Case Report.

☒ **Insurance coverage to be remitted to:**

IBAN of the recipient

SWIFT/BIC of the recipient's bank

Note: If the insurance benefit payment is equal to or greater than €1,000 and the recipient of the insurance benefit is a person who is not identified in the insurance contract giving rise to the right to insurance benefits by name, surname, personal number and address, the insurance company may require official verification of his/her signature before paying the insurance benefit.

DETAILS OF THE LEGAL REPRESENTATIVE OF A MINOR INSURED/CO-INSURED
DECLARATION OF THE LEGAL REPRESENTATIVE OF THE MINOR INSURED

Name, surname, title		Personal number
Date of birth	Type and number of identity document	Nationality
Permanent address Street, property registration number (registered office)	Municipality	Postcode
Telephone	Email	

Are you a politically exposed person according to Act No. 297/2008 Coll.? ☐ Yes ☐ No If so, please specify in what position:

By signing this form, I confirm that I was born in the USA, am a US citizen and am liable for tax in the USA. ☐ Yes ☐ No

Place of birth (Town/city of birth)[1]

State of birth[1]

Tax identification number or identification number used in an EU Member State or contracting state for tax purposes[2]
(in the case of Slovak citizens with permanent residence in Slovakia, only indicate if Slovakia is not the client's country of tax residence)

Designation of country of tax residence[3]

I solemnly declare that I am authorised to represent and manage my child's affairs and am aware of the consequences if this declaration is not true.

In ..... on ....

Signature of the insured person

Signature of the legal representative of the minor insured person

The attending physician certifies to have treated the above mentioned person afflicted with injury, Signature of the insured person and found bodily injuries of the following kind and extent.

Injury diagnosis:

Detailed description of the bodily harm caused by the injury, including its extent assessment: ☐ ☐

Manner and kind of the treatment administered (provide a detailed description):

X-ray findings with description:

Was the limb or organ already functionally impaired prior to the injury? ☐ Yes ☐ No

How?

In what way?

Did the injury have lasting effects? ☐ Yes ☐ No When determining the extent of joint mobility limitations and scars on the body, please complete page 3.
What type and extent?

Other medical information from the attending physician:

Dear physician, in order for the insurance compensation to be assessed and claimed, the information on treatment and medical condition of the insured is needed, for disclosure of which we hereby ask you. The written consent of the insured allowing for disclosing the stated information is given in the top part of this form. Provided that the entire form is filled in completely and accurately, and is signed, the compensation in the amount of € 5,00 may be claimed. For possible payment of the compensation, it is necessary to provide your bank account number (IBAN).

Please note: In the case of inaccurate or incomplete information provided, or of a failure to attach all the documentation required, no claim for the above-described compensation may be asserted.

In ..... on .....

Physician's name and surname .....

Address of the healthcare facility .....

.....

I declare that I am not a relative of the injured person named in this notice.

.....

Stamp and signature of the attending physician

Physician's IBAN

SWIFT/BIC of the physician's bank

When determining the extent of joint movement limitation, we ask the specialist to always provide data in comparison with the healthy limb! (Please indicate the range of motion of both limbs in degrees).

☐ Right limb ☐ Left limb

LIMITATIONS OF MOVEMENT IN THE JOINTS

		left lower limb	right lower limb
hip	extension		
	flexion		
	abduction		
	abduction		
	internal rotation		
	external rotation		
knee	extension		
	flexion		
	internal rotation		
	external rotation		
ankle	dorsal flexion		
	plantar flexion		
	pronation		
	supination		
	abduction		
	adduction		

LIMITATIONS OF MOVEMENT IN THE JOINTS

		left upper limb	right upper limb
arm	elevation		
	abduction		
	abduction from arms forward raise		
	adduction from arms forward raise		
	extension		
	adduction		
	internal rotation		
	external rotation		
elbow	extension		
	flexion		
	pronation		
	supination		
wrist	dorsal flexion		
	palmar flexion		
	radial flexion		
	ulnar flexion		

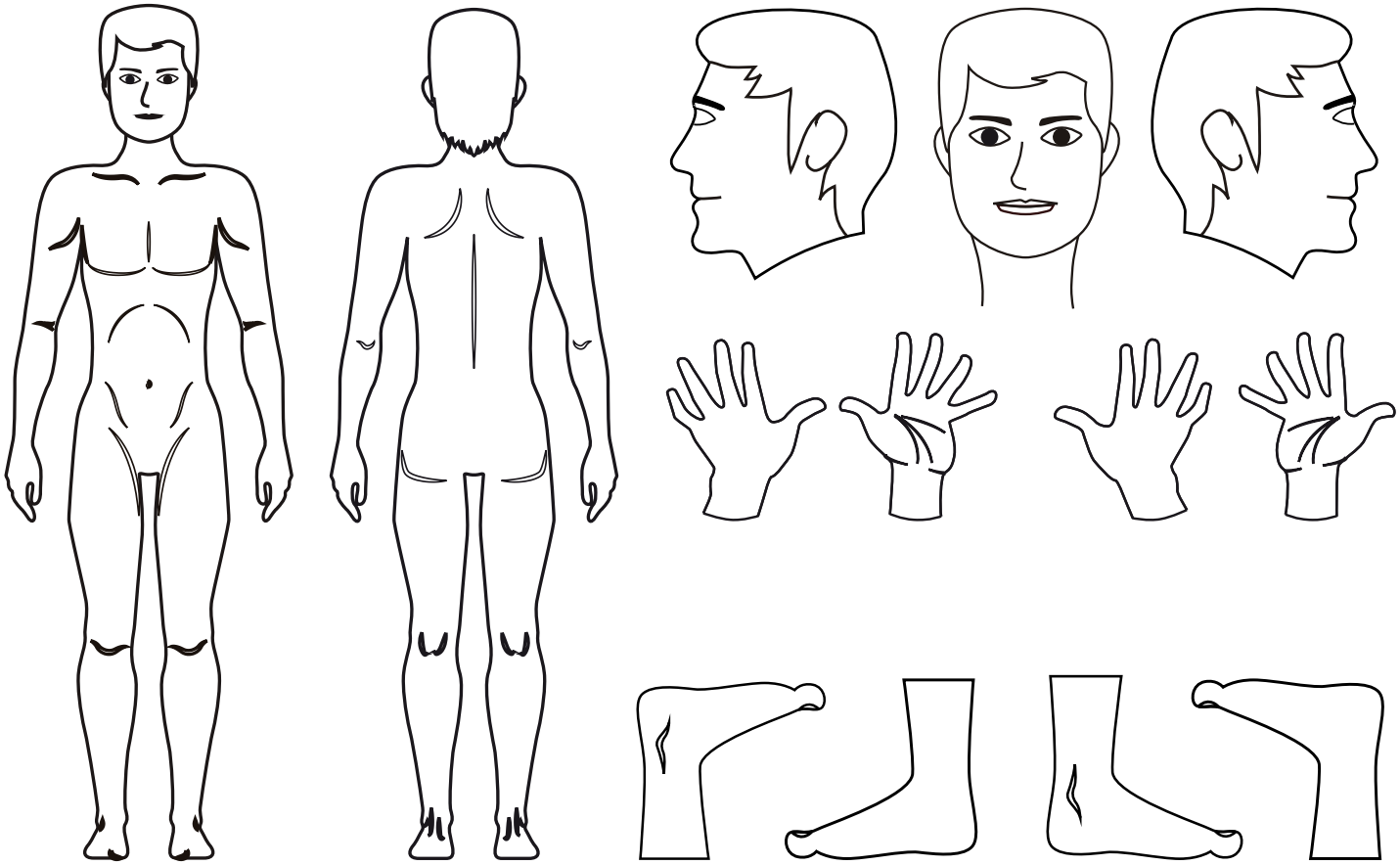
SCARS ON THE BODY

body part	extent of scars in cm/cm2	description of scars (e.g. keloid, hypertropic...)
hands		
external genitals		
buttocks		
thighs		
shins		
feet		
head		
neck		
front of the torso		
back of the torso		
arms		
forearms		

SCARS ON THE FACE

part of the face	exxtent of scars in cm/cm2	description of scars
forehead - right		
forehead - left		
forehead - centre		
nose		
cheek - right		
cheek - left		
cheek - centre		
chin		
lips - bottom		
lips - upper		
ear - right		
ear - left		
neck - right		
neck - left		
neck - centre		

Please mark the location of the scar/injury, specifying its size in centimetres.



NFORMATION ON THE PROCESSING OF PERSONAL DATA

1. Personal data controller

Wüstenrot poisťovňa, a.s.
Registered office: Digital Park I, Einsteinova 21, 851 01 Bratislava, Slovak Republic, Company Registration No. (IČO): 31 383 408, the company is registered in the Companies Register of the Bratislava III City Court, Section Sa, File No.: 757/B (hereinafter referred to as „Wüstenrot").
Wüstenrot has a data protection officer who oversees the proper processing of personal data and whom you can contact at any time in writing at Digital Park I, Einsteinova 21, 851 01 Bratislava or electronically at DPO@wuestenrot.sk.

2. Purposes of personal data processing by Wüstenrot

- -concluding, recording and managing insurance contracts, including customer care (e.g. customer portal)
- reinsurance
- settlement of insurance claims
- complaint resolution
- active legal disputes, passive legal disputes, out-of-court debt collection
- reporting, calculation of capital requirements,
- statistical processing,
- fraud risk management, reporting anti-social behaviour
- recording reports of unusual business transactions and their handling
- identifying clients and their representatives for the purposes of exercising due diligence in relation to clients
- processing of personal data for accounting purposes
- offering products and services within the framework of marketing, consumer competitions
- record management
- performing internal audits, ensuring compliance with regulations, performing risk management
- processing of personal data for the purposes of preventing and detecting money laundering and terrorist financing.

3. Legal basis

The legal basis for the processing of personal data is, as standard, the fulfilment of a legal obligation (in particular Act No. 39/2015 Coll. on Insurance and on Amendments and Supplements to Certain Acts, Act No. 297/2008 Coll. on protection against money laundering and terrorist financing and on the amendment to certain acts, as amended, Act No. 395/2002 Coll. on archives and registries and on amendments to certain acts, as amended, Act No. 359/2015 Coll. on automatic exchange of financial account information in the field of taxation, and Act No. 18/2018 Coll. on the protection of personal data), the conclusion, administration and performance of the insurance contract, legitimate interest, which is the protection of the rights and legally protected interests of Wüstenrot (in particular for the purpose of fraud risk management) and consent (in particular for marketing purposes, consumer competitions). If a client refuses to provide Wüstenrot with the personal data required by law, Wüstenrot is obliged to refuse to conclude an insurance contract with them.

4. Categories of recipients to whom personal data may be disclosed

- financial agents
- IT service providers
- assistance companies
- reinsurance companies
- law firms
- medical examiners
- public authorities
- experts
- Slovak Insurance Association
- National Bank of Slovakia
- and other persons who provide services to Wüstenrot on the basis of a personal data processing agreement. A specific, continuously updated list of recipients can be found at www.wuestenrot.sk in the section Personal Data Protection.

5. Personal data retention period

Wüstenrot is authorised to process the personal data of data subjects for the period specified in Act No. 39/2015 Coll. on Insurance, i.e. for the duration of the insurance and, after the termination of the insurance, for a period of 10 years from the termination of the contractual relationship within the meaning of the relevant legal regulations. The processing of personal data in the case of consent is only possible for the period for which consent has been given.

6. Rights of the data subject

- the right to access and obtain information about their personal data,
- the right to rectify personal data,
- the right to erasure of personal data ('right to be forgotten'),
- the right to restriction of processing,
- the right to data portability,
- the right to object to the processing of personal data,
- the right to the ineffectiveness of automated individual decision-making, including profiling.
- the right to withdraw consent (if consent is the legal basis for processing)
- the right to lodge a complaint with a single supervisory authority, i.e. the Office for Personal Data Protection of the Slovak Republic

The data subject shall exercise the above rights in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and other relevant legislation. The data subject may exercise their rights vis-à-vis Wüstenrot by means of a written request or by electronic means. If the data subject requests information to be provided orally, the information may be provided in this manner, provided that the data subject has proven their identity.

7. Profiling and automated decision-making in the processing of personal data

As part of its activities, Wüstenrot also performs profiling, i.e. automated processing in selected processes. Automated processing is the processing of personal data using exclusively automatic information systems, such as software, electronic calculators, etc., for the purpose of properly concluding an insurance contract, calculating insurance premiums and administering insurance contracts.

Current information is published on the website www.wuestenrot.sk in the section Personal data protection and also at Wüstenrot sales points.

EXPLANATORY NOTES

[1] Fill in only if the Slovak Republic is not your country of tax residence

[2] The client shall provide the tax identification number or identification number used in an EU Member State or contracting state for tax purposes, if assigned to them. If the client is not aware of the assignment of a tax identification number or identification number used in an EU Member State or contracting state for tax purposes, they are obliged to verify this fact and, if obtained, to deliver this information to the insurance company in writing without delay.

[3] Designation of the country of tax residence – the country in which the client pays tax on their worldwide income.