

If you find yourself in a situation where you are the injured party in the Republic of Croatia, involving a means of transport (vehicle, aircraft, boat or yacht) it is important to be acquainted with the claim processing procedure that is applied by the Insurer. This Guide will give you the essential information about key elements of the claiming procedure and handling of damages by the Insurer so that you can have better understanding of your rights and of the procedures related to the processing of your claim.

PART A – WHAT TO DO IN CASE OF AN ACCIDENT?

What to do in case of property damage:

- move the vehicle off the road immediately (if possible)
- enable unhindered flow of traffic
- you should not leave the place of the accident before you fill in the **European Accident Statement** or exchange in some other way the personal details and details about the vehicles involved
- in situations where owner of the vehicle or owner of other damaged property is not present at the place of accident, you are obliged to provide to the owner of the damaged vehicle or other damaged property your personal details and details of the vehicle which caused the accident
- take all practicable steps in order to mitigate or eliminate damage or, if possible, prevent a greater damage

What to do in case of bodily injury and loss of life

- without delay inform the police and call an ambulance (when necessary)
- stay at the place of accident and wait for police officers to arrive
- you can temporarily leave the place of the accident only to help the injured persons or if you need medical assistance yourself or in order to call the police
- you are obliged to, within your knowledge and abilities, provide aid to the injured persons
- take steps in order to eliminate new dangers which may emerge at the place of the accident and to enable smooth flow of traffic
- try not to change the conditions at the accident scene in order to keep the existing traces (taking such steps must not undermine the safety of traffic)
- ask for personal details and addresses of the persons who are present at the time of the accident (witnesses and participants) – they are obliged to provide you with such information, otherwise they will be liable for misdemeanour

Examples of situations where you are **obliged** to call the police

- where injuries or fatalities occur
- where public property is damaged (e.g., road sign, traffic lights, fence, etc.)

Examples of situations where calling the police is **recommended**:

- where a major material damage occurs
- where the drivers fail to agree about who is responsible or about the circumstances of the accident
- if you have suspicions that any of the drivers involved is under influence of alcohol or illegal drugs or that he/ she does not have a driving licence, personal documents or motor vehicle liability insurance policy
- if any participant has left or escaped the place of accident without leaving the personal identity details or without completing the European Accident Statement

Make documents about the damage, photographs/video if possible:

- Scene of the accident, skid traces and other significant traces at the scene
- Position of all vehicles involved,
- Damage on vehicles,
- Documentation (vehicle registration card, driver's licence)

Complete the European Accident Statement*:

- The European Accident Statement consists of 15 points which the participants involved must fill in with a ballpen. It is sufficient to use one copy of the Statement if a traffic accident involved two vehicles (or, 2 copies for three vehicles, etc.). It is not important whose copy is filled in nor which participant in the traffic accident does the filling in.
- The European Accident Statement contains two columns, one for vehicle A (blue column) and the other for vehicle B (yellow column). Between the blue and yellow columns there is another column (point 12) containing 17 possible variants of accident, where you should mark with a cross one or more variants which refer to your accident and enter the total sum of the fields marked at the end.
- **Points 1 to 5** (enter information on: 1. date and time of accident; 2. place and country of accident; 3. injuries (even if slight); 4. damage - other than on vehicles involved; 5. witnesses (collect the information such as names, addresses and telephone numbers); **Point 6** (enter data from insurance policy of the Insured/Policyholder); **Point 7** (enter data of the vehicle as stated in the vehicle registration card); **Point 8** (enter data of the Insured from the insurance policy) **Point 9** (enter driver's personal details from the driving licence); **Point 10** (at the given image, indicate accurately the point of impact); **Point 11** (indicate where the visible damage on the vehicle is); **Point 12** (fill in as described above); **Point 13** (draw a plan of the accident – road and traffic lanes, use arrow to indicate the direction of vehicles A and B, their positions at the moment of impact, road signs and street names); **Point 14** (give remarks – you can write down your version of the event, state why you consider that the other driver is responsible or if there is any other reason why you hit the other car); **Point 15** (signatures of both drivers)
- Give one copy of the signed Statement to other driver involved in the traffic accident, while you hold the other copy
- The European Accident Statement does not constitute the liability regarding the traffic accident
- By any means do not change anything once the European Accident Statement is completed and signed
- A duly completed European Accident Statement can be used as a claim on the basis of motor vehicle liability insurance or, as a statement about circumstances of the harmful event

PART B – SUBMISSION OF CLAIM

To whom I submit my claim?

- if the traffic accident was caused by a vehicle owned by a person covered by an insurance policy for motor vehicle liability with Triglav osiguranje d.d. (**hereafter: Company**) you will submit your claim to the Company in the way described below
- You can verify with which Insurer the motor vehicle owner is insured by entering the vehicle registration number at the web page: <https://huo.hr/hr/provjera/osiguranja>

Who submits a claim, how and where?

- As an injured party (owner or user of damaged vehicle, injured persons, owner of damaged property) or a person you have authorized can submit a claim to the Company:
 - in person in a branch office/central office of the Company every working day. Working hours and addresses of the offices' locations can be found at: <https://www.triglav.hr/prijava/stete>
 - via electronic mail at: prijava.stete@triglav.hr
 - via telephone number 0800 20 20 80
 - by mail at the address of the Company's branch/central office
- When reporting damage, we recommend you to use the Company's claim format which is available at <https://www.triglav.hr/prijava/stete> and to enclose with the claim form all available documentation and evidence which the Company needs in order to decide about the merits and amount of the claim (more information below)
- For reporting damage, you can use the application i-Triglav, which is available for downloading for Apple and Android users.

Documents and information relevant for processing claims?

- In order for the Company to settle your claim, **you must provide at least**:
 - details of the Insured – Injurer (policy number; Company name/name and surname; vehicle registration number)
 - your details (name and surname/Company name, personal identification number, address, contact details, VAT status)
 - bank account number to which the damages are to be paid
 - information about harmful event (date, place, time, description of circumstances of the accident)
- In addition to the above and depending on circumstances, the Company will request **additional documentation** from you and/or persons who are in possession of such documentation, for example:
 - duly completed European Accident Statement, police report, statement of the Injurer about circumstances of the accident, witnesses' accounts
 - copy of driving license/vehicle registration card, proof of ownership of damaged property
 - your statement about how you want the damage to be compensated
 - invoice for repair (if you agree to choose such method of compensation),
 - medical /other documentation referring to non-property damage (proof of kinship, sick leave reports, proofs regarding claim for loss of earnings, bills for accommodation, medical treatments and similar)
- **List of above-mentioned documentation is not exhaustive** (it mentions only the most common cases) – the Company has the right to request **other data/information**, which it deems necessary for making decision about the claim. The Company shall limit such request only to information necessary for processing and deciding on the merits and amount of the submitted claim.

Additional important notes of the Insurer:

- In your claim it is **mandatory to state the desired method of compensation of damage**:
 - repair of vehicle in a service garage and payment of issued invoice for repair
 - payment of damages to bank account
 - settlement
- Regardless of the method of compensation you choose, **In any case please state in your claim the number of your bank account** (because of the Company's legal obligation).
- During the claim processing procedure, you are **free to change the aforementioned methods of compensation for damages**.
- In order to settle your claim as expediently as possible, we recommend to communicate with the Company **by email**. For that purpose, it is recommended that you give your **telephone/mobile phone contact number email address** so that the staff who are handling your claim can contact you if necessary.
- In case that you opt for repair of the vehicle (in accordance with Damage Assessment), **it is necessary to submit to the Company the invoice as soon as possible** (it is recommended to submit it not later than 55 days from the day of the claim submission). Otherwise, the Company has a legal obligation to pay to you a undisputed part of compensation of damages in the form of an advance to your bank account within 60 days from the day of claim submission.
- Notwithstanding the above, **you have the right to put an ex-post claim for payment of an additional part of the compensation and submit the invoice for repair**, and the Company shall process it in accordance with legal regulations and pay to you the difference from the previously paid non-disputable amount of compensation (if such items in the invoice are not disputable and if the repair was carried out in accordance with the Damage Assessment).

Which information can I expect from the Insurer immediately after submission of my claim?

- Upon receiving the claim, the Company shall send to you, not later than 3 days from receipt of the claim, **a Confirmation of receipt of the claim** (which contains: note on date of receipt of the claim; unique identifying number of the claim (file reference number) by which you will follow the status of your claim); list of documentation attached to the claim and a request to provide additional documents needed for handling the claims).
- The Company's employee who handles your claim will contact you and ask you to provide necessary data and documentation which are needed for decision on merits and amount of the claim, and you will also be informed about further steps in handling the claim (which steps must be taken and what is the procedure in claim settlement, on a case-by-case basis).
- If making decision on the claim requires compiling of data/statements/documentation from other persons and entities (police, insured-injurer, witnesses or other persons), the Company shall send them written requests to provide the needed items.
- Notwithstanding the above, and in order to expediate the settlement of your claim, if you provide the requested necessary documentation from other persons (e.g., police report on accident scene investigation, statement of the Injurer – driver of the vehicle who caused the accident), you are invited to provide such documents to the Company as soon as possible.
- In any case you have the right to contact an authorized person in the Company, who is named at the Confirmation of receipt of the claim, for all necessary information.

PART C – ASSESSMENT AND PROCESSING OF CLAIMS BY THE COMPANY

• In case of **property damage**:

- The Company's assessor shall, in agreement with you, assess the damage at the Company's assessment site or at the location of the vehicle/place of accident etc., after which he/she shall draw up the Minutes (**hereafter: Damage Assessment**) containing the description (type of damage to vehicle, parts to be repaired and/or replaced, appropriate number and type of working hours needed) and photographs of damage. The Damage Assessment shall be forwarded to you and/or service garage of your choice (if you agree with the assessment). The Damage Assessment **does not constitute the statement of liability of the Company**.

- If you opt for vehicle repair in a service garage, you are free to choose a service garage (at your preference or select one from the list of services the Company has established cooperation). In case that during the repair other damages are found that were not identified in the Damage Assessment, you can request the assessor to make ex-post assessment and to provide the ex-post Damage Assessment. The vehicle repair must be carried out in accordance with the Damage Assessment – the Company shall not compensate the costs of repair outside the Damage Assessment.

• In case of **non-property damage (financial loss)**:

- The Company's physician-censor shall, based on medical documentation received and/or medical check-up agreed with you (if deemed necessary), deliver the opinion on injuries and this opinion is the basis for making decision on the claim.

• In any case you have the right to engage, at your own expense, an independent expert to formulate findings and opinion. In its decision on the claim, the Company shall respond in detail to those findings and opinions if they contain disputable elements.

• During the claim handling procedure, the Company's employees will communicate with you or a person you have authorized in a way you agreed to (by telephone/application/mail/post letter) to ask for necessary data and/or documentation and to provide to you the information on the claim settlement proceedings.

• Based on Damage Assessment/opinion of physician-censor and all compiled documentation, the Company shall determine legal merit of your claim. In case it is determined that there is no liability of the Company, your claim will be rejected. If the liability of the Company is established (in whole or partial), the Company assesses the amount of damages and makes a decision on the compensation claim with explanation on how the liability was established and how the (undisputable) amount of compensation payable by the Company was determined.

PART D – JUSTIFIED OFFER, FOUNDED RESPONSE AND YOUR RIGHT TO COMPLAINT

• The Company is obliged to establish the merit and amount of claim without delay and **not later than 60 days from the day of receiving the claim** and to deliver to the injured party the written decision on the claim, as follows:

- A) Justified offer for damage compensation (hereafter: **Justified Offer**), when the Company's liability is not disputable or when the Company determined the amount of damage; or
- B) Founded response to all points in the Claim (hereafter: **Founded Response**) when the liability of the Company is disputable or when the Company has not fully established the amount of damage.

• **Justified Offer**, in essence, contains:

- statement of the Company of establishing its liability for damage compensation
- detailed explanations quoting all decisive facts (e.g., depreciation, co-liability, etc.) and legal basis (applicable legal provisions, terms and conditions of insurance, etc.) of determining the amount of damages and the payable sum of damages
- specification of the determined amount of damage (for example, stating parts to be replaced and parts to be repaired with their catalogue numbers and number of working hours needed according to manufacturer's standard procedure for repairs)
- statement that the determined sum of damage compensation shall be paid within 15 days from dispatching the Justified Offer (in any case, within 60 days from receiving the claim).

• **Founded Response**, when the Company establishes absence of its liability for damages, in essence, contains:

- detailed explanations quoting all decisive facts and legal basis (applicable legal provisions, terms and conditions of insurance, etc.) about reasons for exclusion of liability i.e., reasons of absence of liability for damages, taking into consideration all available documentation.

• **Founded Response**, when the Company established its liability only for a part of damage compensation or when it cannot fully determine the amount of damage, contains:

- detailed explanations quoting all decisive facts (e.g., depreciation, co-liability, etc.) and legal basis (applicable legal provisions, terms and conditions of insurance, etc.) of determining the amount of damages and the undisputable sum of damages payable,
- specification of the determined amount of damage (for example, stating parts to be replaced and parts to be repaired with their catalogue numbers and number of working hours needed according to manufacturer's standard procedure for repairs),
- statement that the determined undisputable sum of damage compensation shall be paid within 15 days from dispatching the Founded Response (in any case, within 60 days from receiving the claim).

• In any case, each Justified Offer/Founded Response must contain instruction on **right to complaint against the above-mentioned decision**, and the Company is obliged to respond to your complaint in writing within 15 days from receiving the complaint. More information about submission of complaints and how the complaints are dealt with are available at: <https://triglav.hr/prituzbe>.

* Applicable in compulsory motor vehicle liability insurance

IMPORTANT NOTE: Please keep in mind that Insurers may adjust the above-described procedure of handling the claims on a case-by-case basis but only within the applicable legal provisions. In addition, the information in Part A of this document are prescribed in detail by the Road Traffic Safety Act and its implementation and supervision fall under the responsibility of the competent police authorities and the Ministry of Interiors.