

KEY INFORMATION FOR THE INJURED PARTY

(in case of motor vehicle liability damage)
 of the insurer **ADRIATIC osiguranje d.d.**

When you find yourself in a situation where you are an injured party in a traffic accident in the Republic of Croatia that occurred due to the use of a vehicle, it is important to be familiar with the claims processing procedure by the insurance company (hereinafter: the Insurer). This guide will provide you with basic information about the key elements of the claims' submission process and claims handling by the Insurer to help you better understand your rights during the claims processing procedure.

A - WHAT TO DO IN CASE OF A TRAFFIC ACCIDENT?

1. What to do in case of material damage:

- drivers involved in a traffic accident that resulted only in material damage to vehicles are obligated, if possible, to immediately remove vehicles from the roadway and enable unobstructed traffic flow
- drivers involved in the traffic accident must complete and sign the European Accident Statement or exchange personal information, vehicle details (registration number, ownership), and insurance company information (company name and insurance policy) in another way
- when the owner of the vehicle or other damaged property is not present at the accident site, the driver is obligated to leave information about himself and the vehicle which caused the accident to the owner of the vehicle or other damaged property.

2. What to do in case of bodily injuries or loss of life:

- a participant in a traffic accident where someone has lost their life or is injured is obligated to provide first aid to the injured persons, call emergency medical services, and remain at the accident scene unless he himself needs medical attention
- he is obligated to take all measures within his power to eliminate any new dangers that might occur at the accident site and to enable normal traffic flow, and to ensure that the condition at the accident scene remains unchanged and that existing evidence is preserved, provided that taking these measures does not endanger traffic safety
- notify the nearest police department or police station about the traffic accident and wait for the arrival of the authorized person conducting the on-site inspection.

3. European Accident Statement:

- completing the European Accident Statement serves to establish the factual situation and does not mean that drivers have reached an agreement regarding fault, nor does signing it constitute an admission of guilt

- a properly completed European Accident Statement can be used as a motor vehicle liability insurance claim, or as a statement about the circumstances of how the traffic accident occurred
- drivers must not leave the accident scene until they have completed and signed the European Accident Statement or exchanged personal and vehicle information in another way.

4. Documenting the occurred damage

- document the occurred damage, if possible:
 - photograph the accident scene, position of all vehicles involved, damage to vehicles, brake marks and other significant traces at the accident site, on vehicles and on the roadway
 - if possible, photograph the documentation as well (vehicle registration certificate, driver's license).

5. Examples and situations when you are required to call the police

- report the incident to the police when required by regulations, especially in cases involving injured and fatally injured persons, or in cases of: fire, explosion, or major material damage
- when there is another reason why you believe the police should come to the accident site (another participant has left the accident scene, refuses to provide personal information, collision involves an unregistered vehicle, driving without a license, suspicion of drunk driving/under the influence of narcotics, etc.) and conduct an on-site inspection of the traffic accident.

B - FILING AN INSURANCE CLAIM

1. Where do I submit my claim?

- submit your claim to the Insurer where the vehicle of the person responsible for the traffic accident is insured, if this information is known to you. You can verify where the vehicle is insured by entering the registration number on the website <https://huo.hr/hr/provjera-osiguranja>. If you don't know the registration number, contact the Croatian Insurance Bureau. It is recommended to submit the claim as soon as possible.

2. Who, how, and where submits the claim?

- the injured party (vehicle owner or user, injured person, owner of damaged property) or a person authorized by the injured party can submit a claim:
 - in person at the Insurer's offices
 - via email at addresses that can be found at: Što u slučaju štete - ADRIATIC osiguranje d.d.
- if you are not the vehicle owner but rather it belongs to a leasing company, in case of property damage to the vehicle, as the lessee, report the damage to both the Insurer and the leasing company as soon as possible.

3. Documents and information required in the claims processing procedure?

- vehicle registration certificate for the damaged vehicle
- driver's license of the person who was driving the vehicle at the time of the accident
- completed European Accident Statement or information about the other party involved in the traffic accident (policy number, vehicle registration number)
- bank account number for payment (IBAN), which is to be provided in accordance with GDPR provisions
- if vehicles are immobile due to damage - information about the location where the vehicle or vehicles are situated
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- only exceptionally in case of police involvement, police report and breathalyser test report.

4. Additional important notes from the Insurer:

- when requesting information, the Insurer will limit itself only to necessary data (for example, in case of property damage, information

contained in the European Accident Statement, identification data, contact information, information about the method of claims payment)

- with an explanation of why it is essential, the Insurer may request and direct you to submit additional documentation necessary for processing the claim, which it cannot obtain independently or if you are in possession of such documentation, in order to make the claims processing faster and more efficient

▪ the Insurer is obligated to communicate in a transparent and understandable manner and provide you with access to information about the progress of the procedure and deadlines for processing the claim

▪ the Insurer must not condition the processing of the claim or the payment of compensation or the undisputed part of compensation on, for example, reaching a settlement and/or repairing the vehicle at a specific repair shop, nor suggest these as the best or only way to resolve the claim.

5. What information can I expect from the insurance company immediately upon filing a claim?

▪ The Insurer will assign a unique number (case reference) to your claim (damage report), which you will use to track the claim status during the processing procedure at the insurance company

- indicate the date of claim registration (date of claim submission)
- provide information about further procedures of the Insurer, especially regarding damage assessment

▪ Upon receiving the claim, the Insurer is obligated to inform you without delay about your rights, as well as the Insurer's obligations, and actively take necessary actions without delay to fulfil its obligations

▪ At this stage, regarding property damage, the Insurer may offer you to choose the method (options) for resolving the claim, which can be: a) based on repair invoice, b) without repair invoice

▪ The Insurer is obligated to explain all resolution methods in a clear, transparent, and simple manner.

C - ASSESSMENT AND PROCESSING OF CLAIMS BY THE INSURANCE COMPANY

1. The Insurer will conduct damage inspection, i.e., assessment of damage amount.
2. Based on the assessment, the Insurer's appraiser will determine the damage and compile a so-called *Damage Inspection Report* with description (type of vehicle damage, parts for repair and/or replacement, corresponding number, and type of work hours).
3. *The Damage Inspection Report* is delivered to the injured party/vehicle owner and/or repair shop (depending on the injured party's consent), and it does not represent a statement of liability by the Insurer.
4. You have the right to freely choose a repair shop for vehicle repairs, not just the one offered by the Insurer, while ensuring that this does not increase the damage or make it more difficult for the responsible Insurer to fulfil its obligations.
5. If during vehicle repairs additional damage is discovered that was not recorded in the Damage Inspection Report, it is necessary to request the Insurer to conduct a subsequent damage inspection.
6. The Insurer will communicate with you or with a person you have authorized in the agreed manner, in accordance with standard business communication practices, unless a specific method of communication is legally required.
7. You have the right - at your own expense - to engage an independent expert to prepare findings and opinion, whereby the Insurer will provide detailed response to any potentially disputed elements of such findings and opinion.
8. Along with damage assessment, the Insurer also conducts verification of the amount and validity of the claim, i.e., its obligations based on the submitted documentation.

D - REASONED OFFER, SUBSTANTIATED RESPONSE, AND YOUR RIGHT TO COMPLAINT

1. The Insurer has a 60-day deadline from the date of receiving the claim to provide either a written reasoned offer for compensation or a written substantiated response if liability for compensation is disputed or when the amount of damage has not been fully determined.
 - a) **The reasoned offer must contain:**
 - title of the decision, date of its adoption, and function/job title of the decision maker
 - date of claim receipt and list of received and obtained documentation
 - statement from the responsible Insurer confirming their obligation to pay compensation, and detailed explanation with stated decisive facts and legal basis
 - the responsible Insurer must explain in a clear, simple, and understandable manner how they determined the assessed damage amount and the compensation amount to be paid
 - statement that they will pay the compensation amount from the reasoned offer within 15 days from the date of sending the reasoned offer, whereby this payment deadline must be within 60 days from the date of receiving the claim
 - detailed response to disputed points of the submitted findings and opinion of the independent expert and disputed items of the invoice or repair offer from the authorized service provider, when submitted
 - instructions about the right to file a complaint, the method of filing a complaint against the Insurer's decision, and the 15-day deadline within which the Insurer will respond to that complaint.
 - b) **The substantiated response must contain:**
 - when the Insurer has determined they are not liable for compensation:
 - title of the decision, date of its adoption, and function/job title of the decision maker
 - date of claim receipt and list of received and obtained documentation
 - Insurer's statement that they have determined they are not liable and detailed, simple, and understandable explanation with stated decisive facts and legal basis for the reasons of liability exclusion, taking into account all available documentation
 - detailed response to disputed points of the submitted findings and opinion of the independent expert related to liability for compensation
 - instructions about the method of filing a complaint against the Insurer's decision and the 15-day deadline within which the Insurer will respond to that complaint.
 - when the responsible Insurer determines they are are liable only for partial compensation:
 - title of the decision, date of its adoption, and function/job title of the decision maker
 - date of claim receipt and list of received and obtained documentation
 - Insurer's statement that they have determined they are liable only for partial compensation and detailed explanation with stated decisive facts and legal basis
- the responsible Insurer is obligated to explain in a clear, simple, and understandable manner how they arrived at the determined damage amount and the compensation amount to be paid, and explain any specific factors applied, include a statement that they will pay the undisputed amount from the substantiated response within 15 days from the date of sending the substantiated response, whereby this payment deadline can be shorter as it must be within 60 days from the date of receiving the claim, provide detailed response to disputed points of the submitted findings and opinion of the independent expert and disputed items of the invoice or repair offer from the authorized service provider, if submitted, and instructions about the method of filing a complaint against the Insurer's decision and the 15-day deadline within which the Insurer will respond to that complaint.
 - when the responsible Insurer cannot fully determine the amount of damage:
 - title of the decision, date of its adoption
 - date of claim receipt and list of received and obtained documentation, statement from the responsible Insurer about their liability and that they cannot fully determine the amount of damage, and the reasons why they cannot fully determine the damage amount
 - detailed explanation with stated decisive facts and legal basis
 - the responsible Insurer is obligated to explain in a clear, simple, and understandable manner the reasons why they could not fully determine the damage amount, and how they arrived at the determined damage amount and compensation amount to be paid, and explain any specific factors applied
 - statement that they will pay the undisputed amount within 15 days from the date of sending the substantiated response, whereby this payment deadline can be shorter as it must be within 60 days from the date of receiving the claim
 - detailed response to disputed points of the submitted findings and opinion of the independent expert and disputed items of the invoice or repair offer from the authorized service provider, when submitted
 - instructions about the method of filing a complaint against the Insurer's decision and the 15-day deadline within which the Insurer will respond to that complaint.
2. If the Insurer does not provide you with a reasoned offer for compensation or a substantiated response without delay, and no later than within 60 days from the date of receiving the claim, and if you cannot resolve the dispute amicably with the Insurer or through the Mediation Centre at the Croatian Insurance Bureau or through other peaceful means <https://mpu.gov.hr/mirno-rjesavanje-sporova-medijacija/26978>, you may seek protection of your rights through legal channels, i.e., you may file a lawsuit against the Insurer.
3. An injured party who is not satisfied with the Insurer's handling of the claims process may contact the Insurance Ombudsman at the Croatian Insurance Bureau and file a complaint with HANFA (Croatian Financial Services Supervisory Agency).