**Insurance Ombudsman**

Slovak Insurance Association

Drieňová 34, 820 09 Bratislava 29

Phone: +421 2 3210 1848

E-mail: ombudsman@poistovaciombudsman.sk

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| Web site: [www.poistovaciombudsman.sk](http://www.poistovaciombudsman.sk) |
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PETITION FOR ALTERNATIVE

DISPUTIE RESOLUTION

1. **Consumer information**

|  |  |
| --- | --- |
| Name and surname: \* |  |
|  |  |
| Address: \* |  |
| Delivery address(If different than residence address): |  |
| E-mail address: |  |
| Phone number: |  |

 \* Required.

NOTE: An anonymous petition will be rejected.

1. **Insurance company information[[1]](#footnote-1)**

|  |  |
| --- | --- |
| Name: |  |
| Headquarters (Address): |  |

1. **Complaint information**

|  |  |
| --- | --- |
| **Date** of submission complaint:  |  |
| **Date** of answer to the complaint[[2]](#footnote-2): |  |

1. **Description of the relevant facts** (clear and understandable description of the matter), **including the information that the attempt to resolve the dispute directly with the insurance company was unsuccessful** (if necessary, add another sheet of paper)

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1. **5. Description of the claim.** Include a brief description of the resolution you are seeking **-** (add another sheet of paper if necessary)

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1. **Attachments** (Please provide us with all the documents enclosed to the petition, e.g.: insurance company´s final answer to your complaint or a proof that you have contacted the insurance company without success, as well as all the evidence, e.g. insurance contract with the insurance terms and conditions, contractual arrangements, photo documentation, written power of attorney)

|  |  |
| --- | --- |
| **1)** |  |
| **2)** |  |
| **3)** |  |
| **4)** |  |
| **5)** |  |
| **6)** |  |
| **7)** |  |

**Declarations under Act no. 391 / 2015 Coll. - on Alternative Dispute Resolution (the "ADR Act"):**

I ................................................ ...................... (name and surname required) hereby declare that all of the above information are complete, true, correct and have been provided freely.

The undersigned further declares that this petition was not submitted to another entity dealing with alternative dispute resolution, any court or arbitral tribunal has not made a judgment in the case, there has been no agreement on mediation or there has been not completed any other alternative dispute resolution excluding the termination of an authorized person´s activity

I hereby declare that I have been informed that

1. the parties to the dispute may not be represented by an attorney,
2. the parties to the dispute have the opportunity to use the independent advice, representation or assistance of a third party, at their own expense,
3. petition for alternative dispute resolution does not affect my right to make a court claim,
4. I have an option to terminate participation in the proceedings at any it´s stage,
5. Insurance company1 which will fail to provide cooperation to alternative dispute resolution entity according to § 15 (2) of ADR Act will commit an administrative offense under § 27 (2) of this Act and its business name and address or place of business may be published on the website of the Slovak Insurance Association (hereinafter "SLASPO"),
6. the petition will be delayed if, despite the request, I do not provide the necessary co-operation for an alternative dispute resolution.

I agree that my petition will be resolved in accordance with the Ombudsman's Alternative Dispute Resolution Rules that I have become familiar with.

Date: Signature:

**Consent to the processing and transfer of personal data and data in accordance with § 72 of Act No. 39/2015 Coll. on Insurance**

I ................................................ ...................... (name and surname required) According to Act No. 122/2013 Coll. on the Protection of Personal Data, hereby grant the explicit consent to SLASPO with registered office at Drieňová 34, 820 09 Bratislava, ID No. 17054303 as an alternative dispute resolution subject to:

* processing of personal data for the purposes of recording, processing and resolving this complaint, including processing by means of a photocopy of a national identity card or passport, if the complaint is filed in person;
* disclosure of personal data for usage to insurance company1 against which is this dispute initiated, for purpose of processing and investigation of this complaint.

I grant this consent to all personal data stated in the complaint and all its annexes for the time of the investigation of the complaint and the time to the end of the calendar year following the calendar year in which the complaint is investigated with the final conclusion.

I can revoke this written permission if SLASPO acts in the contrary to Ombudsman's Alternative Dispute Resolution Rules, which will lead to the termination of the alternative dispute resolution itself.

I also declare that I am aware of my rights under § 28 of Act No. 122/2013 Coll. on the Protection of Personal Data and that all information pursuant to § 15 of this Act was provided to me.

I hereby grant the insurance company1 the consent to provide SLASPO with information and documents on matters relating to my person, which are subject to confidentiality pursuant to § 72 of Act No. 39/2015 Coll. on Insurance, to the extent necessary to investigate this complaint.

This written consent may be withdrawn in written form at any time.

In accordance with § 14 a) Act No. 122/2013 Coll. on the Protection of Personal Data and on Amendments to Certain Laws, I hereby give consent to the processing of a specific category of personal data concerning to my health, which I provided SLASPO in order to resolve my complaint for ADR in accordance with Act No. 391/2015 Coll. on Alternative Dispute Resolution of Consumer Disputes. At the same time, I agree that SLASPO will acquire and process additional personal data regarding my health from third parties in order to resolve my complaint, as long as it is necessary for the resolution.

Date: Signature:

1. For the purposes of this petition, the insurance company means the insurance company, insurance company from another member state, branch of an insurance company from another member state, branch of a foreign insurance company, according to Act no. 39 /2015 Coll. - on Insurance. [↑](#footnote-ref-1)
2. In case the insurance company1 has not responded yet, this fact should be mentioned. [↑](#footnote-ref-2)