



## GENIKI PANELLADIKI

### NOTICE FOR PERSONAL DATA PROCESSING & DECLARATIONS OF CONSENT FOR THE PROCESSING OF SPECIAL CATEGORIES OF PERSONAL DATA OF INDEMNITY CLAIMANTS,

according to the General Data Protection Regulation (EU 2016/679)

I declare that:

1. I have been informed thoroughly via the website of GENIKI PANELLADIKI Mutual Insurance Cooperative "The Cooperative" ([www.genikipanelladiki.gr/privacy](http://www.genikipanelladiki.gr/privacy)) about my personal data and most notably on:

- the processing of personal data and eventually of special categories of personal data by the Cooperative, which may concern, without limitation: identity information, address, transportation, family status, economic situation, health, social assistance, criminal convictions, and court judgments,
- the recipients of data, which, depending on the case, may be: Insurance companies involved in the settlement, the Auxiliary Fund, the Motor Insurers' Bureau, non-resident claims settlement companies in the case of an accident abroad, reinsurers in Greece and the EU, surveyors, social security funds, police, and other public authorities and services within their respective jurisdiction. In the case where the indemnity settlement concerns an accident abroad or involves non-residents, the above mentioned transfer of data to the recipients in charge, is made by the Cooperative exclusively for the processing of your indemnity claim and the agreement and signing of this declaration on your behalf, is considered a clear, explicit, and actual consent for this transfer,
- the rights that I have and retain as a data owner.

2. I acknowledge that the processing of data stated in this indemnity claim and the data collected in the future by other third-party natural or legal persons (e.g., other parties involved in the accident, resident or non-resident insurance or reinsurance companies, police or other public authorities and other sources), is strictly necessary for the examination of my claim and the general performance of the legal obligations by the Cooperative and that an eventual revocation of this consent or an objection to the processing of my personal data, renders the processing of this claim impossible, leading to the rejection of this claim.

For any question regarding the above and any further information or/and any complaint, please contact the Data Protection Officer (DPO) of our Cooperative via email at: [dpo@genpan.gr](mailto:dpo@genpan.gr), as well as the Hellenic Data Protection Authority (1-3 Kifissias Av., 11523, Athens, Tel: +30 2106475600, Fax: +30 2106475600, email: [contact@dpa.gr](mailto:contact@dpa.gr)).

3. I hereby grant my explicit consent to the Cooperative for the processing of my data that have come to the attention of the Cooperative within the context of the processing of my indemnity claim, including any special categories of personal data (sensitive).

I CONSENT   
The Declarant

I DO NOT CONSENT   
The Declarant

Full name, ID card number & Signature

Full name, ID card number & Signature



To the Insurance Company under the name .....

I request indemnity for the accident that took place on .....and at ..... in the area ..... and Street .....

**I indicate briefly the following information:**

	Applicant's data	Damaging Vehicle's data
Full name		
Address		
Telephone		
Mobile Phone		
Email		
License Plate		
Brand / Type of car		
Insurance company		

**The driver who hit me has committed the following violation (mark the box with an X on the left side):**

- Started from a stop / opened the door
- Was leaving a parking area / private area / exiting a dirt road
- Was entering a parking area / private area / dirt road
- Changed lanes
- Overtake
- Swerved
- Moved in reverse
- Entered the opposite traffic lane
- Failed to stop at a red traffic light
- Violated the STOP sign
- Made a U-turn
- Other (please describe) .....

**The movement of vehicles was as follows (diagram):**

**The collision point of the vehicles was:**

Applicant's vehicle	Damaging Vehicle

**The following witnesses were present (full name, address, telephone, mobile phone):**

S/N	Full name	Address	Telephone	Mobile Phone
1.....				
2.....				

Injured people: 1.....  
2.....  
3.....

**OTHER REMARKS:** .....  
.....  
.....

In..... on.....  
(place & date)

THE APPLICANT