

Key information for the injured party

Key information for the injured party (in the case of automobile liability claims) by Allianz Insurance d.d.

If you find yourself as the injured party in a traffic accident in the Republic of Croatia, it is important to be familiar with the claims processing procedure for vehicle damage by the insurance company (hereinafter: the Insurer). This guide provides you with basic information on the key elements of submitting a claim and damage processing by the Insurer so that you can better understand your rights and the procedures during the claim processing.

1. WHAT TO DO IN CASE OF A TRAFFIC ACCIDENT?

- **provide first aid** and call an ambulance if there are injured persons;
- if the vehicle is in a drivable condition, move it off the road as soon as possible to allow traffic to flow freely, or mark the accident site with a warning triangle;
- **report the incident to the police** when required by law, especially if there were injuries, fatalities or if the situation involved:
 - fire or explosion;
 - significant material damage to the vehicle;
 - any other reason to believe the police should attend the accident scene (e.g., if another participant leaves the scene, refuses to give personal information, it involves an unregistered vehicle, driving without a licence, suspicion of alcohol intoxication, etc.) and conduct a traffic accident investigation;
- conduct all possible measures to diminish or eliminate the damage or, if possible, to prevent the occurrence of greater damage;
- **carefully complete and sign the European Accident Statement**, ensuring that all the parties involved in the accident fill in and sign the necessary information or otherwise exchange personal and vehicle information, as well as insurance details, with other participants in the accident;
- If possible, **document the damage**: photograph the accident scene, the position of all the vehicles involved, the damage to the vehicles, skid marks and any other significant evidence on the scene, the vehicles and the road. If possible, photograph and document the paperwork (vehicle registration, driver's licence).

- driver's licence of the person driving the vehicle at the time of the accident,
- completed European Accident Statement or information about the other party involved in the accident (policy number and vehicle registration number),
- bank account number for payment (IBAN),
- if the vehicle is immobilised due to damage, information on its location,
- for property damage: proof of ownership of the damaged property (e.g., land registry extract, possession certificate, etc.),
- if the police attended the scene: police report and breathalyser test record.

ADDITIONAL IMPORTANT NOTES FROM THE INSURER:

- The Insurer will only request essential information (e.g., for material damage, information contained in the European Accident Statement, identification details, contact information and method of compensation payment).
- With an explanation of its importance, the Insurer may request additional documentation necessary to resolve the claim if it cannot obtain it independently, or if you possess it, to make the claim process faster and more efficient. The Insurer should not request documentation that it can obtain itself (e.g., police report, breathalyser report, scene sketch).
- The Insurer must communicate in a transparent and understandable manner, ensuring that you have access to information about the claim process and deadlines.
- The Insurer must not make claim settlement or compensation payment conditional on agreeing to a settlement and/or repair at a specific service workshop, nor suggest that this is the best or only way to resolve the claim and that the proposed amount must be accepted as final.

2. FILING A CLAIM

2.1 Where to submit a claim.

Submit the claim to the **Insurer with which the liable party's vehicle is insured**, if this information is known to you. You can verify where the vehicle is insured by entering the registration number at <https://huo.hr/hr/provjera-osiguranja>. If the registration number is unknown, contact the Croatian Insurance Bureau.

It is recommended to submit a claim as soon as possible.

2.2 How, where and to whom you should submit a claim

The injured person (vehicle owner or user, injured individual, owner of the damaged property) or a person authorised by the injured party may submit a claim online at https://www.allianz.hr/hr_HR/privatni-korisnici/stete-i-info/prijava-stete.html, via email to (stete@allianz.hr), through the call centre (072 100 001 (Mon-Fri: 08:00-17:00)), by mail or in person at the Insurer's headquarters. Additional details can be found on the above link under Frequently asked questions about claims.

2.3 Documents and data required for claim processing

- vehicle registration for the damaged vehicle,

2.4 What information can you expect from the Insurer upon submitting a claim?

The Insurer will:

- assign a unique reference number to your claim, enabling you to track its status during processing with the insurance company;
- indicate the date on which the claim was recorded (date of claim submission);
- provide information on further procedures by the Insurer, particularly regarding the damage assessment.

Upon receiving the claim, the Insurer is obliged to promptly inform you of your rights and the Insurer's obligations, and to take all necessary actions without delay to fulfil its obligations.

At this stage, in cases of material damage, the Insurer may offer options for claim resolution:

- a) payment to an authorised service workshop;
- b) payment to the injured party.

Note: **The Insurer must explain all the settlement methods in a clear, transparent and simple manner. By signing a statement of settlement or a contract/agreement for compensation, you waive the right to request additional compensation. You may decline the settlement offer and still receive compensation. Settlement agreements are final and binding. Once an agreement has been reached, the Insurer is not liable for any payments outside that contract.**

3. ASSESSMENT AND PROCESSING OF CLAIMS BY THE INSURER

3.1 The Insurer will carry out damage inspection, i.e., an assessment of the extent of the damage (based on submitted photos or a physical inspection at the Insurer's premises or at an agreed location of the vehicle).

3.2 Based on the assessment, the Insurer's assessor will identify the damage and compile a Damage Report with descriptions (types of damage to the vehicle, parts for repair and/or replacement, relevant work hours and types).

3.3 The **Damage Report** is provided to the injured party/vehicle owner and/or the authorised service workshop (depending on the consent of the injured party), and it **does not constitute a statement of the Insurer's liability**.

3.4 You have the right to freely choose an authorised service provider (repair workshop) for the repair, not just the one recommended by the Insurer.

3.5 If, during the vehicle repair, additional damages not included in the Damage Report are discovered, you may request a supplemental damage assessment at https://www.allianz.hr/hr_HR/privatni-korisnici/stete-i-info/prijava-stete/zahjev-za-naknadni-izvid-stete.html.

3.6 The Insurer will communicate with you or with the person you have authorised in an agreed manner (according to normal business communication practices, unless a legally prescribed method is mandatory) to provide information on the claim resolution process.

3.7 You have the right, at your expense, to engage an independent expert for a report and opinion, in which case the Insurer must respond in detail to any potentially disputed elements of that report and opinion.

3.8 In addition to assessing the damage, the Insurer conducts a review of the claim's validity and scope based on the submitted documentation.

4. JUSTIFIED OFFER, REASONED RESPONSE AND YOUR RIGHT TO LODGE A COMPLAINT

4.1 The Insurer has a period of 60 days from the date of receiving the claim to provide a written justified offer for compensation or a written reasoned response if the liability for compensation is disputed or if the amount of damage has not been fully determined.

4.1.1 A justified offer must include:

- the decision title, the date it was issued and the position/title of the decision-maker,
- the date the claim was received and a list of received and collected documentation,
- a statement from the responsible Insurer confirming its obligation to compensate, with a detailed explanation outlining decisive facts and legal grounds (relevant provision of positive regulations, insurance conditions, etc.),
- specification of the assessed damage amount, where the responsible Insurer must clearly, simply and understandably explain how the damage amount and compensation figure were determined, and provide reasoning for any specific factors applied (e.g., depreciation, shared liability, etc.), including the reasons for and basis of their application,
- a statement that the compensation amount from the justified offer will be paid within 15 days from the date of sending the justified offer, with the payment period not exceeding 60 days from the date of claim receipt,
- a detailed response to disputed items from the independent expert's report and assessment or disputed charges or repair quotes from the authorised service provider, if submitted,

- instructions on the right to file a complaint and how to do so, including the 15-day period within which the Insurer will respond to the complaint.

4.1.2 A reasoned response must include:

a) When the Insurer determines that it is not responsible for compensation:

- the decision title, the date it was issued and the position/title of the decision-maker,
- the date the claim was received and a list of received and collected documentation,
- a statement from the Insurer determining non-liability, with a detailed, simple and understandable explanation citing decisive facts and legal grounds (relevant provision of positive regulations, insurance conditions, etc.) explaining the reasons for excluding liability, taking into account all the available documentation,
- a detailed response to disputed items from the independent expert's report and opinion related to the liability for compensation.
- instructions on how to file a complaint against the Insurer's decision and the 15-day period within which the Insurer will respond to the complaint.

b) When the Insurer determines that it is liable for only part of the compensation:

- the decision title, the date it was issued and the position/title of the decision-maker,
- the date the claim was received and a list of received and collected documentation,
- a statement from the Insurer establishing partial liability, with a detailed explanation citing decisive facts and legal grounds (relevant provision of positive regulations, insurance conditions, etc.),
- specification of the assessed damage amount, where the responsible Insurer must clearly, simply and understandably explain how the damage amount and compensation figure were determined, and provide reasoning for any specific factors applied (e.g., depreciation, shared liability, etc.), including the reasons for and basis of their application,
- a statement that the undisputed amount from the reasoned response will be paid within 15 days of sending the response, with the payment period possibly shorter, as it must be within 60 days from claim receipt,
- a detailed response to disputed items from the independent expert's report and opinion or disputed charges or repair quotes from the authorised service provider, if submitted,
- instructions on how to file a complaint against the Insurer's decision and the 15-day period within which the Insurer will respond to the complaint.

c) When the Insurer is unable to fully determine the damage amount:

- the decision title, the date it was issued and the position/title of the decision-maker,
- the date the claim was received and a list of received and collected documentation,
- a statement from the responsible Insurer affirming liability, along with the inability to fully determine the damage amount, and the reasons for this inability,
- a detailed explanation with decisive facts and legal grounds (the relevant provisions of positive regulations, insurance conditions, etc.),
- specification of the assessed damage amount, where the responsible Insurer must clearly, simply and understandably explain the reasons why they are unable to fully determine the damage amount, how the amount was assessed, and provide reasoning for any applied specific factors (e.g., depreciation, shared liability, etc.), including the reasons and methods of determination,
- a statement that the undisputed amount will be paid within 15 days from sending the reasoned response, with a possible shorter payment period, as it must be within 60 days from the claim receipt,
- a detailed response to disputed items from the independent expert's report and assessment or disputed charges or repair quotes from the authorised service provider, if submitted,
- instructions on how to file a complaint against the Insurer's decision and the 15-day period within which the Insurer will respond to the complaint.

4.2 If the Insurer does not, without delay and within 60 days from claim receipt, provide a justified offer for compensation or a reasoned response, and if you are unable to resolve the dispute amicably with the Insurer or through the Mediation Centre at the Croatian Insurance Bureau or other peaceful means <https://mpu.gov.hr/mirno-rjesavanje-sporova-medijacija/26978>, you may seek legal protection and file a lawsuit against the Insurer.

4.3 An injured party who is dissatisfied with the Insurer's handling of the claim resolution process may contact the Insurance Ombudsman at the Croatian Insurance Bureau or submit a complaint to HANFA.