Key information for injured parties (filing an insurance claim after a traffic accident) provided by the Insurer Croatia osiguranja d.d.

When you find yourself in a situation where you are an injured party in a traffic accident involving a vehicle in the Republic of Croatia, it is important to be informed of the way insurance claims are processed by the insurance company (further: the Insurer). This document offers basic information about claim filing, the key elements of the Insurer's claims handling process and informs you of your rights relating to claim handling and settlement procedure.

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

- give first aid and call an ambulance if anyone is injured;
- if the vehicle damage allows it, move the vehicle to the side of the road as soon as possible to it is not blocking the flow of traffic or secure the accident scene with a security triangle;
- report the accident to the police when required by law, especially if there are injured persons or casualties or in case of:
  - a fire or explosion;
  - extensive material damage to the vehicle;
  - there is another reason to call the police to come to the scene of the traffic accident (other person involved has fled the scene of the accident, refuses to give personal data, the vehicle involved in the accident is without a licence plate, the other driver does not have a driver's license, there is a suspicion of driving under the influence of alcohol and/or drugs, and similar) and make a police report;
  - do everything you can to minimize or eliminate the damage, if possible, and to prevent a greater harm;
  - fill out and sign the European Accident Statement (EAS) or exchange personal and vehicle data and insurance information with other parties involved in the accident;
  - if possible, document the damage: take photos of the scene of the accident and positions of all the vehicles involved, vehicle damage, skid marks and other important traces on the scene of the traffic accident, on the vehicles and on the road. If you are able to, take photos of relevant documents (vehicle registration certificate, driver's license).

PART B - FILING A CLAIM

(1) Who do you report your claim to?
File your insurance claim with the Insurer who is the insurance provider or the driver who is at fault for the accident, if you have that information. You can check the insurance data by entering a vehicle license plate number on the web site: https://huo.hr/hr/provjera-osiguranja. If you do not have the license plate number of the vehicle, contact the Croatian Insurance Bureau.
You should file your insurance claim as soon as possible.

(2) Who files an insurance claim, how and when?
Injured party (vehicle owner or user, injured person, the owner of damaged property) or the person authorised by the injured party through the web site: https://www.laqo.hr/stete, by LAQO mobile application or by phone at 072 072 072.
You will find other channels you can use to file an insurance claim on our official web site www.laqo.hr.

(3) Documents and data required for the claim process
- vehicle registration certificate of the damaged vehicle;
- driver's license of the person who was driving at the time of the accident;
- a completed European Accident Statement or data of the other person involved in the traffic accident (insurance policy number, vehicle license plate numbers);
- bank account for payment (IBAN);
- if one or more vehicles involved are disabled – information about their location;
- in case of a physical injury: medical documentation (from the first examination until the end of medical treatment), death certificate in case of a physical injury with a fatal outcome, certificate of inheritance, children's birth certificates, certificates of residence and documents for funeral and other expenses;
- in case of property damage: proof of real property ownership (e.g. land registry extract, possessory title deed, etc.);
- a police report and alcohol breath test report.

ADDITIONAL IMPORTANT NOTES:
- when requesting data the Insurer will request only necessary data (e.g., in case of material damage the data from the European Accident Statement, identification data, contact data and data required for compensation payment).
- the Insurer can request additional documents necessary for processing your claim, which it cannot obtain on its own and you might have access to, in order to expedite the process and make it more efficient.

(4) What information can I expect from the Insurer right after I file my insurance claim?
The Insurer will:
- assign a unique number (claim number) to your insurance claim (request for compensation) enabling you to track the status of your claim while it is being processed by the Insurer;
- mark the filing date of your claim (claim received date);
- provide information about further steps in the claim process.

In some cases, the Insurer may offer different options of claim resolution, such as:
a) payment to the auto repair shop;
b) payment to the injured party.

Note: By signing a settlement declaration/contract/agreement you lose the right to pursue further claims. You can reject a settlement offer and continue to pursue compensation. A settlement agreement is final and binding. If you agree to a settlement, the Insurer will not be obliged to pay out any additional compensation in excess of the settlement amount.

PART C – CLAIM EVALUATION AND PROCESSING

(1) The Insurer's adjuster will investigate what happened, e.g. assess the damage at the locations listed on our web site: www.crosig.hr.
(2) Based on the evaluation the Insurer's adjuster will issue a so-called Damage Assessment Report with the relevant information (type of vehicle damage, parts for repair and/or replacement, number and type of work hours).
(3) Damage Assessment Report is sent to the injured party/vehicle owner or the person you have authorised to receive the report, but it is not the Insurer's confirmation of its obligation to pay.
(4) You have the right to choose an approved service provider (auto repair and service shop).
(5) If during the repair damage is detected that is not indicated in the Damage Assessment Report, you have to request that the Insurer makes an additional vehicle damage assessment.
(6) The Insurer will communicate with you or the person authorised in an agreed way of communication in order to provide you with information about your claim process.

(7) You have the right to hire an independent expert to issue a report and opinion at your cost, and the Insurer will respond to any disputable findings in the report and opinion.

(8) In addition to damage assessment, the Insurer evaluates the amount of compensation claimed and liability, i.e., its obligation to pay based on the documents submitted.

PART D - REASONED OFFER, REASONED RESPONSE AND YOUR RIGHT TO FILE A COMPLAINT

(1) The Insurer has a maximum period of 60 days from the claim received date to make a written reasoned offer of compensation or a reasoned response if liability is disputed or the damage has not been fully quantified.

a) A reasoned offer must comprise:
- decision name, decision date and position/job title of the person who made the decision,
- claim received date and list of submitted and obtained documents,
- a declaration of the Insurer about the obligation to pay damages and a detailed explanation with a list of key facts and legal basis (citation of relevant statutory or other relevant provision, terms and conditions of coverage, etc.),
- a specification of the damage assessment, in which case the Insurer liable to pay for the claim has to elaborate in a clear, simple and understandable way how the value of the claim was evaluated, and the amount of compensation was determined and explain any specific factors used (e.g., depreciation, co-liability, etc.) including the reason for their application and the way their value was determined,
- a declaration that the amount of compensation from the reasoned offer will be paid within 15 days from the offer sent date, with the payment due date falling within 60 days from the claim received date,
- a detailed statement on disputed information in the independent expert's report and opinion and disputed items in the approved service provider's invoice, i.e., offer for damage repair, if it has been issued,
- instruction of the right to complain to the Insurer's decision and the complaint procedure and the time period of 15 days the Insurer has to respond to your complaint.

b) A reasoned response has to include:
- If the Insurer establishes it is not liable to pay damages:
  - decision name, decision date and position/job title of the person who made the decision,
  - claim received date and list of submitted and obtained documents,
  - a declaration of the Insurer about why it has no obligation to pay damages and a clearly understandable explanation with a list of key facts and legal basis (citation of relevant statutory or other relevant provision, terms and conditions of coverage, etc.) why its liability is excluded, taking into account all of the available documents,
  - a detailed statement on disputed information in the independent expert's report and opinion relating to the compensation of damage,
  - instruction of the right to complain to the Insurer's decision and the complaint procedure and the time period of 15 days the Insurer has to respond to your complaint.
- If the Insurer accepts only obligation of partial payment:
  - decision name, decision date and position/job title of the person who made the decision,
  - claim received date and list of submitted and obtained documents,
  - declaration of the Insurer about the partial payment of damages and a detailed explanation with a list of key facts and legal basis (citation of relevant statutory or other relevant provision, terms and conditions of coverage, etc.),
  - a specification of the damage assessment, in which case the Insurer liable to pay for the claim has to elaborate in a clear, simple and understandable way how the value of the claim was evaluated, and the amount of compensation was determined and explain any specific factors used (e.g., depreciation, co-liability, etc.) including the reason for their application and the way their value was determined,
  - a declaration confirming that the Insurer will pay the undisputed amount from the reasoned response within 15 days from its sent date, with the payment term being possibly shorter, as it has to fall within 60 days from the claim received date,
  - a detailed statement on disputed information in the independent expert's report and opinion and disputed items in the approved service provider's invoice, i.e., offer for damage repair, if it has been issued,
  - instruction of the right to complain to the Insurer's decision and the 15 days the Insurer has to respond to your complaint.
- If the Insurer is unable to make a precise damage assessment:
  - decision name, decision date and position/job title of the person who made the decision,
  - claim received date and list of submitted and obtained documents,
  - a declaration of the Insurer about its liability and inability to make a precise damage assessment and the reasons in support of that,
  - a detailed explanation including the key facts and legal basis (citation of relevant statutory or other relevant provision, terms and conditions of coverage, etc),
  - a specification of the damage assessment, in which case the Insurer liable to pay for the claim has to elaborate in a clear, simple and understandable why the precise damage assessment could not be made and how the amount of compensation was determined and explain any specific factors used (e.g., depreciation, co-liability, etc.) including the reason for their application and the way their value was determined,
  - a declaration confirming that the Insurer will pay the undisputed amount from the reasoned response within 15 days from its sent date, with the payment term being possibly shorter, as it has to fall within 60 days from the claim received date,
  - a detailed statement on disputed information in the independent expert's report and opinion and disputed items in the approved service provider's invoice, i.e., offer for damage repair, if it has been issued,
  - instruction of the right to complain to the Insurer's decision and the complaint procedure and the time period of 15 days the Insurer has to respond to your complaint.

(2) In case the Insurer without postponement and not later than within 60 days from the day of receiving your claim fails to send you a reasoned offer of compensation, i.e., a reasoned response, and you are unable to come to an agreement with the Insurer through mediation, even in proceedings before the Mediation Centre at the Croatian Insurance Bureau or by some other way of alternative dispute resolution https://mpudt.gov.hr/istaknute-teme-11/mirno-rjesavanje-sporova-medijacija/26978, you can take the matter to court, i.e., file a lawsuit against the Insurer.

(3) An injured party who is not satisfied with the Insurer's claim handling can contact the Insurance Ombudsman at the Croatian Insurance Bureau and submit a complaint to the Croatian Financial Services Supervisory Agency (HANFA).