

KIIP - Key Information for the Injured Person (in case of a car insurance claim) with the Insurer Generali osiguranje d.d.

If you are the injured person in a traffic accident in the Republic of Croatia, it is important to be familiar with the processing of compensation claims carried out by the insurance company (hereinafter referred to as: the Insurer). This guide provides essential information about the key elements of the procedure of filing a compensation claim and the claims processing procedure with the Insurer so that you can better understand your rights and the steps involved during the compensation claims process.

SECTION A – WHAT TO DO IN CASE OF A TRAFFIC ACCIDENT

What to do in case of material damage:

- There is no legal obligation to notify the police, but if you do, police officers can come to the scene of the traffic accident they have been notified of and conduct an investigation of the traffic accident or instruct you to take certain actions (e.g. signing the European Accident Statement and exchanging personal information).
- Drivers, participants in a traffic accident which resulted in only material damage to the vehicles, are obliged, if possible, to immediately remove the vehicles from the roadway to allow for the smooth flow of traffic (Article 176 of the Road Traffic Safety Act*).

What to do in case of a bodily injury or a loss of life:

In case of a bodily injury of a participant or a loss of life of a participant →

Call the police or an ambulance (Article 175 of the Road Traffic Safety Act)

Fill out the European Accident Statement:

- Filling out the European Accident Statement is used to establish the facts of the incident; it does not mean that the drivers have reached an agreement on fault, and the signing of the Statement is not an admission of guilt. A correctly filled out European Accident Statement can be used as a compensation claim based on car insurance or as a statement about the circumstances of the harmful event (Article 38 of the Compulsory Insurance in Traffic Act**).
- Drivers must not leave the scene of a traffic accident until they have filled out and signed the European Accident Statement or otherwise exchanged personal and vehicle data (Article 176 of the Road Traffic Safety Act).

- If you don't have the European Accident Statement, exchange personal data (information about the driver) and vehicle data (registration number, ownership) and insurance companies (car insurance policies) in another way (Article 176 of the Road Traffic Safety Act).

If possible, document the damage:

- Take photographs of the scene of the accident and the position of all vehicles involved immediately after the accident.
- Take detailed photographs of damage to vehicles, brake markings and other significant markings at the scene of the traffic accident, on the vehicles, and on the road.
- If possible, take photographs of the documents as well (vehicle registration certificate, driving licence).

Examples of situations in which you are obliged to call the police:

- If individuals who were present when the accident occurred (potential witnesses) refuse to provide their personal information, and the accident resulted in injury or loss of life of the participant,
- If the vehicle is not in drivable condition (unable to move on the road),
- If the accident involved an unregistered vehicle,
- If the other participant refuses to provide their personal information,
- If the other participant leaves the scene of the accident,
- If there is a well-founded suspicion that the driver was driving under the influence of alcohol or drugs, etc.,
- If the participant was driving without a driving licence.

SECTION B – FILING A COMPENSATION CLAIM

1. Where to file a compensation claim

In case of a traffic accident, a compensation claim is filed with the insurance company (hereinafter referred to as: the Insurer) with which the vehicle of the person responsible for the traffic accident is insured, if you know this information. Otherwise, you can find out the name of the insurer on the Croatian Insurance Office website by entering the vehicle's registration number. If you don't know the registration number, please contact the Croatian Insurance Office. It is recommended that a compensation claim be filed as soon as possible.

2. Who files a compensation claim, how and where

The injured person, the owner of the vehicle (e.g. a leasing company), or a person authorised by the owner can file a compensation claim in person at any branch of the Insurer, online via the link <https://www.generali.hr/prijava-stete#auto-odgovornost>, by email: stete.hr@generali.hr, or by post to the address Generali osiguranje d.d., Slavonska avenija 1b, Zagreb.

For example, if the owner of the vehicle is a leasing company, in the event of material damage to the vehicle, as the lessee, you should report the damage both to the Insurer and the leasing company as soon as possible.

3. Documents and information required in the compensation claim procedure

- Vehicle registration certificate(s),
- Driving licence of the driver at the time of the accident,
- Filled out European Accident Statement or information about the other participant in the traffic accident (policy number, vehicle registration plate number),
- An account number for compensation payment (IBAN) is recommended,
- If the vehicle is not in drivable condition due to damage, information about the location of the vehicle or vehicles,
- In the event of property damage, proof of ownership of the damaged object (e.g. land registry extract, title deed, etc.),
- Only exceptionally, and in case of police arrival, the police report.

ADDITIONAL IMPORTANT NOTES OF THE INSURER:

When requesting information from the injured person, ask only for the necessary information (for example, in case of material damage, the information contained in the European Accident Statement, identification information, contact information, and information on the method of payment of compensation).

- The Insurer may request the delivery of additional documentation necessary to resolve the compensation claim, provided that it explains why this is essential. At the same time, the Insurer may not request documentation from the injured person that can be obtained independently (for example, a police report, breathalyser test report, or sketch of the scene).
- The Insurer is obliged to communicate in a transparent and comprehensible manner and to ensure the availability of information about the course of the procedure and the deadlines for resolving the compensation claim.
- The Insurer may not set the conditions of the compensation claim resolution, i.e. the payment of compensation or an undisputed part of the compensation, for example, by concluding a settlement and/or repairing the vehicle at a specific repair shop, nor refer to the above as the best or the only way to resolve the compensation claim, and it must clarify the choice of method of the compensation claim resolution.

4. What information can I expect from the insurance company immediately after filing a compensation claim

The Insurer will do the following:

- Assign a unique number (case number) for your damage report (compensation claim), based on which you will track the status of the claim during the processing procedure at the insurance company,
- Indicate the date of registration of the compensation claim (date of filing of the compensation claim),
- Provide information on further procedures of the Insurer, especially damage assessments.

Upon receipt of the compensation claim, the Insurer is obliged to inform you without delay of your rights and of the Insurer's obligations and to actively and without delay undertake the necessary actions in order to fulfil its obligations.

In some cases, already at this stage, the Insurer may offer you various options for resolving the compensation claim, which could include:

- a) Payment to the repair shop;
- b) Payment to the injured person.

Note: The Insurer is obliged to provide a detailed and clear explanation of all available resolution methods. By signing a statement of settlement or a settlement agreement, you forfeit the right to request any additional compensation. You can refuse a settlement offer and still receive compensation. Settlement agreements are final and binding. In case of a settlement, the Insurer is not responsible for any payments outside of that agreement.

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SECTION C – ASSESSMENT AND PROCESSING OF COMPENSATION CLAIMS BY THE INSURANCE COMPANY

1. The Insurer will carry out a damage inspection to assess the extent of the damage (at the premises of the insurance company or at the location of the vehicle/scene of the accident, etc.).
2. Based on the assessment, the appraiser of the Insurer will determine the damage and compile a "Damage Inspection Report" with a description (type of damage to the vehicle, parts for repair and/or replacement, corresponding number and type of work hours), and photos of the damage.
3. The "Damage Inspection Report" is delivered to the injured person/owner of the vehicle and/or the repair shop (depending on the consent of the injured person); it does not constitute a statement of the Insurer's liability.
4. **You are entitled to choose an authorised service provider (repair shop) for damage repair, not just the one offered by the Insurer.**
5. **If, during the repair of the vehicle, it is determined that there is damage not recorded in the "Damage Inspection Report", it is necessary to request the Insurer to repeat the damage inspection.**
6. The Insurer will communicate with you or with the person you have authorised in the agreed manner, by phone or via an app, email or post, in order to provide information on the compensation claim resolution procedure.
7. **You are entitled to hire an independent expert at your own expense to prepare findings and opinions, especially if you do not agree with the Insurer's assessment, whereby the Insurer will have to explain in detail all elements of its findings and opinions.**
8. **In addition to the damage assessment, the Insurer also checks the amount and validity of the compensation claim, i.e. its obligations based on the submitted documentation.**

SECTION D – REASONED OFFER, SUBSTANTIATED RESPONSE AND YOUR RIGHT TO OBJECT

1. The Insurer shall have 60 days from the date of receipt of the compensation claim to submit:
 - **a written reasoned offer for compensation**
 - **or a written substantiated response if the liability for compensation is disputed or when the amount of the damages has not been fully determined.**
 - a. **A Reasoned offer** from paragraph 1 of this Article must include the following:
 - The title of the decision from paragraph 1 of this Article, the date of its adoption and the name, surname and function/job title of the decision-maker;
 - The date of receipt of the compensation claim and the list of received and obtained documentation;
 - The liable Insurer's statement declaring that it has established its obligation to compensate for damages, and a detailed explanation with the specified decisive facts and legal basis (relevant provision of positive regulations, insurance conditions, etc.), the specification of the determined amount of damages and the amount of compensation to be paid, including the applied specific factors, and taking into account all available documentation. This explanation should be presented in a clear, simple and understandable manner, outlining how the Insurer determined the amount of damages and the amount of compensation to be paid, and to explain any specific factors applied, including the reasons for their application and the method of their determination;
 - **The statement that it will pay the amount of compensation from the reasoned offer within 15 days from the day of sending the reasoned offer, whereby the specified payment deadline must be within 60 days from the day of receipt of the compensation claim;**
 - A detailed statement on all points of the submitted findings and opinions of the independent expert and the invoice or the offer to repair the damage of the authorised service provider, when submitted;
 - The instruction on the right to submit an objection and the method of submitting an objection to the Insurer's decision and the 15-day deadline by which the Insurer will respond to that objection, in accordance with Article 378, paragraph 2 of the Insurance Act.
 - b. **A Substantiated response** from paragraph 1 of this Article must include the following:
 - If the Insurer has established **that it is not liable for compensation**:
 - The title of the decision from paragraph 1 of this Article, the date of its adoption and the name, surname and function/job title of the decision-maker;
 - The date of receipt of the compensation claim and the list of received and obtained documentation;
 - The Insurer's statement declaring its determination of non-liability, and a detailed explanation with the stated decisive facts and legal basis (relevant provision of positive regulations, insurance conditions, etc.) for excluding liability, taking into account all available documentation. This explanation should be presented in a clear, simple and understandable manner, outlining how the Insurer concluded it is not liable;
 - A detailed statement on all points of the submitted findings and opinions of the independent expert and the invoice or the offer to repair the damage of the authorised service provider, when submitted;
 - The instruction on the method of submitting an objection to the Insurer's decision and the 15-day deadline by which the Insurer will respond to that objection, in accordance with Article 378, paragraph 2 of the Insurance Act.
 - If the liable Insurer establishes **that it is only liable for part of the compensation**:
 - The title of the decision from paragraph 1 of this Article, the date of its adoption and the name, surname and function/job title of the decision-maker;
 - The date of receipt of the compensation claim and the list of received and obtained documentation;
 - The Insurer's statement declaring that it has established its liability for only part of the compensation, and a detailed explanation with the specified decisive facts and legal basis (relevant provision of positive regulations, insurance conditions, etc.), the specification of the determined undisputed amount of damages and the amount of compensation to be paid, including the applied specific factors, and taking into account all available documentation. This explanation should be presented in a clear, simple and understandable manner, outlining how the Insurer determined the amount of damages and the amount of compensation to be paid, and explaining any specific factors applied, including the reasons for their application and the method of their determination;
 - **The statement that it will pay the undisputed amount from the substantiated response within 15 days of sending the substantiated response, whereby the specified payment period may be shorter since it must be within 60 days from the date of receipt of the compensation claim;**
 - A detailed statement on all points of the submitted findings and opinions of the independent expert and the invoice or the offer to repair the damage of the authorised service provider, if submitted;
 - The instruction on the method of submitting an objection to the Insurer's decision and the 15-day deadline by which the Insurer will respond to that objection, in accordance with Article 378, paragraph 2 of the Insurance Act.
2. If the Insurer does not provide without delay, and no later than 60 days from the date of receipt of the compensation claim, a reasoned offer for compensation or a substantiated response, and you are unable to resolve the dispute peacefully with the Insurer or before the Mediation Centre at the Croatian Insurance Office or by other peaceful means (<https://mpu.gov.hr/mirno-rjesavanje-sporova-medijacija/26978>), you can seek legal protection of your rights, that is, you can file a lawsuit against the Insurer.
3. An injured person who is not satisfied with the way the Insurer acted in the process of resolving the compensation claim can contact the Ombudsperson in the field of insurance at the Croatian Insurance Office and submit a petition to HANFA.

* Road Traffic Safety Act

** Compulsory Insurance in Traffic Act

IMPORTANT: Please note that each Insurer may adapt the described process for resolving compensation claims according to each specific case while adhering to the applicable legislation. In addition, the information from Section A of this document is prescribed in detail by the Road Traffic Safety Act, and its implementation and supervision are the responsibility of the police and the Ministry of the Interior.