

KIZO - KEY INFORMATION FOR THE INJURED PARTY

(in case of damage covered by passenger insurance in public transport due to an accident)

INSURER: SAVA OSIGURANJE, D.D. - BRANCH OFFICE HRVATSKA



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If you find yourself in a situation where you are an injured party—a passenger in one of the means of transport designated for public transportation—it is important to be familiar with the process of handling compensation claims by the insurance company (hereinafter: the Insurer). This guide will provide you with essential information about the key elements of the claims submission and damage assessment process with the Insurer, helping you better understand your rights during the claims handling procedure.

PART A - WHAT TO DO IN CASE OF AN ACCIDENT?

The injured passenger is obliged to immediately report to the official staff on the means of transport so that such an incident can be registered with the competent carrier.

If his health condition does not allow him to do so, he is obliged, as soon as possible, to subsequently report to the competent carrier.

Submit a written report to the Insurer when his health condition allows him to do so.

In the event of bodily injury to a participant, if possible, immediately call the police and an ambulance.

Document the damage, if possible

- Take photos of the scene of the accident, including the position of all involved vehicles immediately after the accident.

- Take photos of damage to the vehicles, skid marks and other important marks at the scene of the accident, on vehicles and on the road.
- If possible, take photos of relevant documents (vehicle registration, driver's license).

Situations in which you are required to call the police:

- if a person present at the accident (a potential witness) refuses to provide personal information, and the accident involves bodily injuries or loss of life;
- in case of a collision with an unregistered vehicle;
- if the other party leaves the scene of the accident;
- if a driver is operating a vehicle without a valid driver's license;
- if there is a reasonable suspicion that a driver is under the influence of alcohol, drugs, or similar substances.

PART B - FILING A COMPENSATION CLAIM

1 To whom do I submit a compensation claim?

You should submit your claim to the **Insurer with whom you have concluded the Public Transport Passenger Insurance Contract against Accidents**. It is recommended that you submit your claim as soon as possible.

2 Who can, how and where submit a compensation claim?

Injured party - a person to whom the insured sum is paid in the event of an accident or a person authorized by the injured party. If the accident resulted in the death of the insured, the claim for compensation is submitted by the insurance beneficiary. All of the above can submit a claim for compensation in person at any office of the Insurer, by e-mail to stete@sava-osiguranje.hr or by phone: 0800-913 023 or 01 66 66 249.

3 Required documents and information for processing a compensation claim?

- an account number (IBAN) for payment
- all medical documentation on the type and severity of the injury, and any consequences that may have occurred;

If the accident resulted in the death of the insured, the insurance beneficiary is obliged to notify the Insurer in writing and obtain the necessary medical and other documentation.

ADDITIONAL IMPORTANT NOTES:

- The Insurer will only request necessary information (e.g., identification data, all medical documentation, contact information, information on the method of payment of compensation for damage).
- With justification, the Insurer may request additional documents essential for processing the claim that it cannot obtain on its own or that you possess, to facilitate a faster and more efficient process. However, the Insurer cannot request documents it can obtain itself (e. g., police report, breathalyzer results, accident scene sketches).

- The Insurer must communicate in a transparent and understandable manner and provide access to information about the claim process and resolution timelines.
- The Insurer cannot condition the settlement of a claim or the payment of compensation on actions such as signing a settlement agreement or repairing the vehicle at a specific repair shop. It must not suggest that these are the only or best options, nor that the offered compensation amount must be accepted as final.

4 What information can I expect from the Insurer when submitting a compensation claim?

The Insurer will:

- assign a unique reference number for your claim, which will allow you to track its status;
- record the date of claim submission;
- provide information about the next steps.

The Insurer must promptly inform you of your rights and its obligations and actively take the necessary actions to fulfill its responsibilities.

Note: The Insurer must clearly explain all settlement options. By signing a release statement or a settlement agreement, you waive the right to claim additional compensation. You are not obligated to accept a settlement offer and may still receive compensation. Settlement agreements are final and legally binding. In the event of a settlement, the Insurer is not responsible for any payments beyond what is agreed upon in the settlement.

PART C - DAMAGE ASSESSMENT AND CLAIM PROCESSING BY THE INSURANCE COMPANY

- 1 The Insurer will determine the amount of compensation based on the submitted medical documentation, and if necessary, will invite you for an examination by our examining physician,
- 2 Based on the received medical documentation, the Insurer's examining physician will determine the percentage of reduction in life activities (the so-called "percentage of disability"), and this will be described in the reasoned offer or substantiated response.
- 3 The Insurer shall communicate with you or your authorized representative using agreed-upon standard business communication methods.
- 4 You have the right to hire an independent expert, at your own expense, to provide a separate assessment and opinion, and the Insurer is required to respond to any disputed elements in the expert's findings.
- 5 In addition to damage assessment, the Insurer will verify the amount and validity of the compensation claim, i. e., its obligations on the basis of the submitted documentation.

PART D - REASONED OFFER, JUSTIFIED RESPONSE, AND YOUR RIGHT TO APPEAL

- 1 The Insurer has a **deadline of 60 day from the date of receiving the compensation claim** to provide a written reasoned offer for compensation if liability is not disputed and the damage amount is determined, or a written justified response if liability is disputed or the damage amount is not fully established.
 - a) **A reasoned offer** must contain:
 - the title of the decision, its date, and the function/title of the decision-maker,
 - the date of receipt of the claim and a list of received and obtained documentation,
 - a statement from the Insurer confirming liability for compensation and a detailed explanation with key facts and legal basis (relevant laws, insurance terms, etc.)
 - a breakdown of the determined amount of damage, whereby the responsible Insurer is obliged to explain in a clear, simple and understandable manner how it arrived at the determined amount of damage and the amount of damage that it will pay, and explain any specific factors applied (e. g. depreciation, co-responsibility, etc.), including the reasons why they were applied and how they were determined,
 - a statement that the compensation amount from the offer will be paid within 15 days from the date of sending the reasoned offer, whereby the specified payment deadline must be within 60 days from the date of receipt of the claim,
 - a detailed statement on the disputed points of the submitted findings and opinions of the independent expert regarding liability for compensation for damage,
 - instructions on the method of submitting an objection to the Insurer's decision and the 15-day period within which the Insurer will respond to that objection.
 - b) **A justified response** must contain:
 - If the **Insurer determines no liability for compensation**:
 - the decision title, date, and function/title of the decision-maker,
 - the date of receipt of the claim and a list of received and obtained documentation,
 - a statement by the Insurer that it has determined that it is not liable and a detailed, simple and understandable explanation with the stated decisive facts and legal basis (relevant provision of positive regulations, insurance conditions, etc.) on the reasons for the exclusions of liability, taking into account all available documentation,
 - a detailed statement on the disputed points of the submitted findings and opinions of the independent expert regarding liability for compensation for damage,
 - instructions on how to file an objection to the Insurer's decision and the 15-day period within which the Insurer will respond to that objection.
 - If the **Insurer determines partial liability for compensation**:
 - the decision title, date, and function/title of the decision-maker,
 - the date of receipt of the claim and a list of received and obtained documentation
 - a statement from the Insurer that it has determined that it is only liable for part of the compensation for the damage and a detailed explanation with the stated decisive facts and legal basis (relevant provision of positive regulations, insurance conditions, etc.),
 - a breakdown of the determined amount of damage, where the responsible Insurer is obliged, in a clear, simple and understandable way explain how the compensation sum was calculated, including any applied factors (e.g., depreciation, shared liability) and reasons for their application,
- 2 In the event of non-fulfillment of the obligation to pay damages or an undisputed amount of damages within 15 days, or within a period of 60 days, the injured person has the right to pay interest in addition to the due amount of damages, i.e., in addition to the due amount of damages, from the date of submitting the claim for damages.
- 3 If the Insurer does not provide you with a reasoned offer for compensation for damages or a substantiated response without delay, or at the latest within 60 days from the date of receipt of the claim, and you are unable to resolve the dispute amicably with the Insurer or before the Mediation Center at the Croatian Insurance Bureau or in another amicable manner (<https://mpu.gov.hr/mirno-riesavanje-sporova-medijacija/26978>), you may seek protection of your rights in court, or you may file a lawsuit against the Insurer.
- 4 An injured party who is not satisfied with the insurer's conduct in the process of resolving a claim may contact the Insurance Ombudsman at the Croatian Insurance Office and submit a complaint to HANFA.

Compulsory Traffic Insurance Act

IMPORTANT INFORMATION: Please note that each Insurer may adapt the process of resolving claims described here to each specific case, but in accordance with applicable legislation. Also, the information in Part A of this document is prescribed in detail by the Compulsory Traffic Insurance Act and its implementation and supervision are the responsibility of police officers or the ministry responsible for internal affairs.