



CLAIM FORM

In order to solve any issue with your insurance, contact the Company at the address provided in your policy contract documentation, or by calling the telephone numbers found therein. Otherwise, you may do so by way of the company or mediator with whom you engaged in the contract.

Should you feel that your problem has not been resolved satisfactorily, we ask that you fill in every field on this form, as otherwise we will be unable to process your complaint or claim correctly. Once you have filled in the form, you need to send it to our DEFENCE OF THE POLICYHOLDER'S RIGHTS SERVICES. We will respond to you as soon as possible, and always within the two months established by the current regulations and CASER Defence of the Policyholder's Rights Regulation (**See Note 1**).

CLAIMANT DETAILS

First name and surname or corporate name: _____

DNI [National Identity Card] Passport CIF [Tax Identification Number] (Mark with an X): _____

Address: _____

Town: _____ Province: _____ Post code: _____

Telephone (optional): _____ E-mail (optional): _____

Condition of Claimant (See Note 2) (Mark with an X)

Policyholder Insured party Beneficiary Pension Scheme Participant Aggrieved third party

Successor of: _____ Legal heirs of: _____

REPRESENTATIVE (See Note 3) (Only to be filled in if claim is submitted by a representative)

First name and surname or corporate name: _____

DNI [National Identity Card] Passport CIF [Tax Identification Number] (Mark with an X): _____

ADDRESS FOR NOTIFICATION PURPOSES

First name and surname or corporate name: _____

Address: _____

Town: _____ Province: _____ Post code: _____

INSURANCE/PENSION SCHEME DETAILS

Policy or Pension Scheme No. _____ Claim incident No.: _____

Sector (Mark with an X): Cars Home Life Health Pensions Others _____

ACCOMPANYING DOCUMENTS (See Note 4)

Description and number of pages: _____

REASON FOR THE COMPLAINT OR CLAIM (Clearly explain the reason for submitting the complaint or claim. You may choose to write in the space below or attach it on a separate sheet)



RESULT YOU HOPE TO OBTAIN FROM THIS COMPLAINT AND/OR CLAIM

(**Mark with an X**): The claimant certifies that the matters raised within the claim have not been the subject of any litigation or dispute in a court of law, nor are the matters expressed herein pending a resolution from any other administrative, arbitral or judicial body.

For the purposes of the current regulations on Personal Data Protection, by signing and filling in this form, the claimant consents to the Insurance Entity incorporating into a file and later using their personal data provided (including that relating to their health). The end user and party in charge of this file is CAJA DE SEGUROS REUNIDOS, Compañía de Seguros y Reaseguros, S.A. –CASER–, at the address: Avenida de Burgos nº 109, 28050 Madrid. The claimant may exercise their rights to access, rectification, erasure and objection to their data being processed by writing a letter for the care of the Legal Representative at the above address.

On _____, of _____ of _____ of 20_____

Claimant signature

Representative signature

NOTES:

- (1) Law 44/2002, 22nd November, from Reform of the Financial System [Reforma del Sistema Financiero], Order ECO 734/2004, 11th March and Order ECC/2502/2012, 16th November. In order to raise your claim with the General Insurance and Pension Funds Directorate [Servicio de Reclamaciones de la Dirección General de Seguros y Fondos de Pensiones], you must prove that you had previously submitted it to the Insurance Company's Customer Support Services.
- (2) **Policyholder:** Person who engaged in the insurance contract.
Insured party: Person covered by the policy.
Beneficiary: Person who receives the service or compensation insured.
Participant: Person affiliated with the Pensions Scheme.
- (3) The represented claimant must sign this form, or otherwise supply documentation which proves their consent to being represented.
- (4) When the claimant is the policyholder, attach the policy's General and Particular Conditions.

DEFENCE OF THE POLICYHOLDER'S RIGHTS SERVICE - CLAIM PROCESS

1. CAJA DE SEGUROS REUNIDOS, Compañía de Seguros y Reaseguros, S.A. (CASER) makes their Defence of the Policyholder's Rights Service (Complaints and Claims) available to all of its customers. The Service can be found at the address of Avenida de Burgos, 109, 28050 Madrid, and also at the e-mail address **defensa-asegurado@caser.es**.
2. In accordance with the current regulations, said Service will attend to and resolve any complaints and claims submitted within a maximum time of two months of having been submitted directly or by way of an accredited representative. This applies to all natural and legal people, insurance users and participants or beneficiaries of employment pension schemes and CASER associates when the complaints or claims relate to legally recognised interests or rights relating to insurance operations, whether derived from their own contracts, transparency and customer protection regulations, or good practice and usage, particularly in respect to principles of equity.

Complaints and claims are to be submitted in writing to any of the Entity offices, or to the headquarters at CASER GESTIÓN TÉCNICA, A.I.E. (Avda. Burgos 109, 28050, Madrid), by post or by way of computer, electronic or telematic tools, provided that the tools allow for the complaints or claims to be read, printed and saved, in which case, they must abide by that which is set out in Law 59/2003, 19th December, with an Electronic Signature.

3. Once a resolution has been obtained and the claim procedure has been concluded with the Insurance Provider's Defence Services, should the claimant still disagree with the result of the pronouncement, or should said Service have failed to issue a result after two months from the date of reception, the claimant may submit their complaint to the General Insurance and Pension Funds Directorate Claims Service [Servicio de Reclamaciones de la Dirección General de Seguros y Fondos de Pensiones], at Paseo de la Castellana, nº 44, 28046 Madrid. The claimant may also submit their claim or complaint to the relevant courts and tribunals.
4. Our customers, users or aggrieved parties may go to CASER offices or the website **www.caser.es** where they will find a claim form, as well as a copy of the CASER Defence of the Policyholder's Rights Regulation, which regulates this Service's activity and functioning, as well as the characteristics and requirements for submitting and resolving complaints and claims.
5. All resolutions will consider the obligations and rights established within the General, Particular and Special Conditions of the contract, the insurance activity's governing regulations, the regulation on transparency and financial service customer protection (Insurance Contract Law, text consolidated from the Law for Regulating the Organisation and Supervision of Private Insurance [Ley y Reglamento de Ordenación y Supervisión de Seguros Privados], text consolidated from the Law for Regulating Pension Schemes and Funds [Ley de Regulación de los Planes y Fondos de Pensiones], Pension Schemes and Funds Ruling [Reglamento de Planes y Fondos de Pensiones], Law for Financial Systems Reform Measures [Ley de Medidas de Reforma del Sistema Financiero], Order ECC/2502/2012, which regulates the processing of submitted claims before the General Insurance and Pension Funds Directorate [Servicio de Reclamaciones de la Dirección General de Seguros y Fondos de

Pensiones] among others, Order ECO 734/2004, 11th March. Regarding the customer support services of financial institutes, the text has been consolidated from the General Law for Consumer and User Defence [Ley General para la Defensa de Consumidores y Usuarios] and other complementary laws).
