



Group Personal Accident Insurance: Twoje Dziecko

Coverage choice: _____
(Completed by parent or guardian. Please use BLOCK letters)

Details of parent/guardian

Given name

Surname

PESEL

Mobile phone number

E-mail

Details of child

Given name

Surname

Date of birth

I, the undersigned, hereby declare that I have received and become familiar with the General Terms and Conditions of this personal accident product dedicated to educational institutions: Twoje Dziecko 1/2022. I consent to the use of my telephone number and e-mail address for the purpose of activating an internet service located at www.allianz.pl and administrated by Allianz.

We kindly inform you that your personal data will be processed by owarzystwo Ubezpieczeń i Reasekuracji Allianz Polska S.A. located in Warsaw, Poland at the following address: ul. Rodziny Hiszpańskich 1 02-685 Warszawa. Your data will be available to our agent for the sole purpose of presenting an offer and issuing a policy. Your name, date of birth and PESEL number is required to confirm your identity, a telephone number is required as a form of contact, and while an e-mail address is optional, it may allow for more effective communication. You have the right to access any data that has been processed and have the option of not consenting to the processing of personal data for marketing purposes. Further details concerning the processing of personal data may be found under our Privacy Policy on www.allianz.pl.

Optional consents:

- I consent to the processing of my personal data by Aviva for sales, marketing and administrative purposes.
- I consent to receiving promotional information through electronic forms of communication
- I consent to receiving documents regarding my policy through electronic forms of communication.

Date and signature of parent/guardian _____

Numer polisy:

(Completed by Aviva agent)