

## **COMPLAINT**

Please mark the insurance company you would like to address your complaint to:			
☐ Groupama Zastrahovane EAD			
☐ Groupama Zhivotozastrahovane EAD			
by			
Name*:			
Surname:			
Family name*:			
Telephone number(s) for contact *:			
Telephone numbers have to be separated by ;			
Name of the company:			
This field is mandatory if the complaint is submitted on behalf of legal entity			
Unified civil number/BULSTAT:			
You are (please marked):			
☐ Insuring			
☐ Insured (when the insured is a person other than the insuring)			

**"Групама Застраховане" ЕАД** Разрешение за застрахователна дейност № 01-03/05.05.2005 г. от КФН, ЕИК: 131421443

"Групама Животозастраховане" ЕАД Разрешение за застрахователна дейност № 01-Ж3/01.07.2004 г. от КФН, ЕИК: 131272330



	Beneficiary under the insurance policy
	Heir
□ cer	Legal representative (if the complainant is a legal representative of an individual, a document tifying this must be attached)
	Proxy (please attach power of attorney)
	Other:
Но	w would you like to receive the response*(please tick)?
	Via e-mail
	By post to the following address:
	In person, at a Groupama office (please, indicate the office)
Ple	ase, describe your complaint*:
Pol	icy number(s) in respect of which the complaint is made:
Pol	icy numbers must be separated by ;

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Do you attach documents (please tick)?

20 you attach accaments (product tion).	
□ Yes	
□ No (number of documents).	
Date:	Signature:

Fields marked with \* refer to data necessary for us to be able to provide you with response to your complaint. If you do not wish to use this form, you may address your complaint in the format of your choice by providing us with the information indicated in the fields marked with \*.

If you are an authorised person who is not a party to the insurance contract and/or does not draw any rights under it, or a legal representative of such a person, please enclose an explicit power of attorney when addressing your complaint. The insurer is not allowed to provide information protected by law (e.g. insurance secret, personal data, etc.) to unauthorised persons.

We would like to inform you that Groupama Zastrahovane EAD/Groupama Zhivotozastrahovane EAD processes your personal data for the purpose of investigating your complaint and providing a response to it. The provision of personal data is voluntary. In case of refusal to provide, the Insurer will not be able to provide a response to your complaint. More information about the processing of your personal data can be found here.

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