



CLAIM NOTIFICATION
MARSH S.p.A. – Claims Department
Email to: sinistri.infortuni@marsh.com
Tel: 02/48538986

UNIVERSITY OF PADUA - UNIPD	
Claimant	Name Surname
	born in Town Province
ADDRESS	Street n°
	Postal Code Town
Residence	Street n°
	Postal Code Town
Domicile	Street n°
	Postal Code Town
Tax / Fiscal code	
Telephone	Mobile
@email	E-mail address to be used for all communications relating to the claim in question
EMPLOYEE QUALIFICATION	<input type="checkbox"/> Temporary employee <input type="checkbox"/> Full-time staff <input type="checkbox"/> Part time <input type="checkbox"/>
UNIVERSITY AREA	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> EP <input type="checkbox"/> Professor <input type="checkbox"/> Administration area <input type="checkbox"/> Scientific and technical area <input type="checkbox"/> Data processing area <input type="checkbox"/> Library <input type="checkbox"/> Social / Health care area
ACCIDENT DATE	Location
Please note that an Accident and Emergency certificate must be attached for processing.	
Please describe how the accident happened	
Did you go to Accident and Emergency? <input type="checkbox"/> NO (Please attach Attach. 1 Attending doctor's report) <input type="checkbox"/> YES (Please attach Accident and Emergency certificate)	

Was it an ongoing accident? NO YES

Was it a traffic accident?

- NO
- YES, Please attach:
 - Amicable Accident Report form or Report of intervening authority;
 - Driving licence

Have you submitted previous claims?

- NO YES, Please report:
Date __ / __ / ____ Injury type:

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Do you have any other insurance coverage?

- NO YES, Please report the insurance company Limit.....

In order to process the claim it is necessary to submit, as far as in your possession at the time of the accident, the following documents listed by way of example:

- Accident and Emergency certificate;
- medical records in case of hospitalization;
- instrumental exams reports (Rx, RMN, etc.);
- medical prescriptions;
- medical expenses incurred for prescribed therapies;
- INAIL certification;
- ID card.

Date

Signature

(Please fill out in the absence of an Accident and Emergency certificate)

1	Description of the injury and its direct and immediate cause
2	Existence of any other causes (physical imperfections, pre-existing diseases, etc.)
3	Is there evidence of previous injuries?
4	Was the patient injured before the accident already disabled, mutilated or not sound in body or mind?
5	Does the injured person have to stay in bed and for how long?
6	Can he now at least partially disengage from his original responsibilities?
7	Immediate consequences of the injury: total / partial temporary disability?
8	Is residual permanent disability presumed?
9	On what day did the injured person first seek medical assistance?
10	By whom was the first treatment given?

Date**The attending doctor**

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PRIVACY INFORMATION STATEMENT

In order to provide our services as an insurance intermediary and risk consultant, Marsh needs to collect and use your personal data, such as your name and other contact details, including special categories of personal data (e.g., data relating to your health, and/or information relating to criminal convictions and offences).

The purposes for which we use personal data may include arranging insurance cover, handling claims and for crime prevention. More information about our use of personal data is set out in the Marsh Privacy Statement available at the following link: <https://www.marsh.com/it/it/privacy-policy.html>. You can also request a copy of the Marsh Privacy Statement by email at affari.legali@marsh.com or by writing to Marsh S.p.A, Viale Bodio 33, 20158 Milano, c.a. Legal Counsel.

In the course of performing our services, we may disclose the personal data you provide to third parties such as insurers, reinsurers, liquidators, subcontractors, companies within the Marsh&McLennan Companies group, as well as to regulatory agencies that may request your information for the purposes described more fully described in Marsh's Privacy Policy.

Depending on the circumstances, in the performance of our services, we may transfer your personal data to countries outside of Italy and the European Economic Area that have less robust data protection laws. In such cases, this transfer will be carried out using the appropriate safeguards.

Your consent to our (and others in the insurance chain) use of the special categories of personal data (e.g. health information and/or information about criminal convictions and offences) is subject to your consent. Your consent to the use of these special categories of personal data (e.g. health information and/or information relating to criminal convictions and offences) is necessary for us to provide you with our services.

You may withdraw your consent at any time, but this may mean that we will not be able to continue to provide you with our services and therefore make it impossible to manage your insurance cover.

If you are providing us with personal data relating to a person other than yourself (including children over the age of 13), you agree to notify the aforementioned of our privacy policy with regard to their personal data and to obtain their consent to the processing of any special categories of personal data, such as health information and/or information relating to criminal convictions and offences.

On your part, you agree that the performance of the services is subject to your compliance with the above regarding the sending of and the obtaining of information and the relevant consent. Any third party whose personal data we process may withdraw their consent at any time. The withdrawal of consent may make it impossible to continue to provide our services to the aforementioned third parties (or even to you, depending on the specific circumstances) and therefore to manage your insurance cover.

For further detail about how we process your information and how you may exercise your rights with regard to that information, please regard to the Marsh Privacy Statement.

If the person concerned is under 18 years of age, the parent/tutor must complete the declaration

By ticking this box, I confirm that I have understood the above information and consent to the processing of my particular personal data for the above purpose.

Date.....

Name and Surname of the person concerned or, if minor, of the parent/tutor.....

Relationship to the claimant

Signature of the person concerned or, if minor, of the parent/tutor