



ALLIANZ PERSONAL INJURY

Assured of the best possible compensation

PERSONAL INJURY? YOU ARE ASSURED OF THE BEST POSSIBLE COMPENSATION

You have been injured in an accident. We wish you a speedy recovery. We can imagine that you need all your strength to deal with the shock of the accident and to recover from your injury. The process of getting compensation for your injury may therefore seem confusing and time-consuming. To help, we have put together this folder for you. Here we explain how your claim is assessed and paid out, whom you might have to deal with and what we expect from each other. This folder also provides information about the Code of Conduct for Handling Personal Injury Claims, which sets out how we are to treat each other.

YOU WILL FIND IN THIS BROCHURE AN ANSWER TO THE FOLLOWING QUESTIONS:

- What steps you can expect
- What we do for you
- What you can do
- Whom you might have to deal with
- Engaging someone to represent you
- Fees and charges
- Code of conduct
- Privacy and fraud
- Complaints
- Customer satisfaction survey
- Useful websites



WHAT STEPS YOU CAN EXPECT

Step 1

Establishing who is responsible

To determine who is responsible for your accident, we need to know how the accident happened. A brief account of what happened by our insured is often all we require. In case of uncertainty, however, we write to witnesses, ask for the police report or engage the services of an expert. This can take some time. If you were partly to blame for your injury, you may be held responsible for part or even all of the loss.

Step 2

Assessing your loss

While establishing who is responsible, we also start taking stock of your personal injury. Here are some examples of the expenses which you could incur:

- Medical bills, if you require treatment that is not covered by your health insurer.
- Travel costs, such as to hospital or your doctor.
- Incapacity for work. If you are incapable of working, whether in whole or in part, this can have consequences for your income.
- Financial compensation. This is a payment to make amends for pain, suffering and inconvenience. This amount depends on various factors, such as the type and severity of the injury and the length and extent of the healing process.

To obtain a clear picture of your loss, we need to make a comparison between two situations: your actual situation at present after the accident and a hypothetical situation, as if the accident had never happened. To understand this better, we require certain information from you. You can naturally rest assured that the information submitted by you will be used only for the purpose of handling your case.

Step 3

Compensation for your injury

In the case of slight injury and successful recovery, your claim will generally settle quickly. We will wrap up your case over the phone with you as quickly as possible. But sometimes it can unfortunately take longer for your claim to settle. This may depend on the severity of your medical situation or the evaluation of the medical and financial consequences, for instance. Until your claim finally settles, we make interim payments to compensate for the loss established so far. Once we have reached agreement with each other about the amount of your compensation, we can finally settle your claim.

WHEN MEETING A CLAIMS ADJUSTER, PLEASE HAVE COPIES OF THE FOLLOWING TO HAND:

- **salary slips**
- **annual statement of income**
- **work safety and health service details**
- **home care details**
- **names of doctors whom you have seen**
- **health insurer details**
- **curriculum vitae**

WHAT WE DO FOR YOU

Our aim is to provide the best possible compensation for your injury. We make this process as clear as we can for you through open and honest communication. We also work to secure your compensation in the shortest possible time. And we keep you informed as to what is happening with your case every step of the way.

WHAT YOU CAN DO

We expect you to mitigate your losses. How? By providing us with all the information requested and cooperating with any additional investigation work. Should we require medical information from your doctors, we will always request your permission first. We also ask you to take an active part in your recovery by following the treatments advised by doctors or the reintegration programmes offered by us. We recommend keeping track of which expenses you incur as a direct consequence of your accident.



WHOM YOU MIGHT HAVE TO DEAL WITH

Claims assessor

Your case will be handled at Allianz in-house by a claims assessor. He will call or correspond with you on a regular basis to enquire about your recovery and your injury. He is always at your service for any queries you may have.

Claims adjuster

A claims adjuster will make an appointment to pay you a visit so he can collect all the information necessary for adjusting your claim. He will discuss your recovery, how the compensation claim process works, your injury and the interim payments. Please do not hesitate to ask him any questions you may have, even after his visit.

Medical adviser

A medical adviser is a doctor who manages and evaluates medical information. He advises the claims assessor about your medical situation. He provides information relevant to settling the claim only. To protect your privacy, the medical adviser keeps your medical information in a separate medical file.

Employment expert

An employment expert will go through the possibilities of getting back to work with you if your injury prevents you working in the same way as before.

ENGAGING SOMEONE TO REPRESENT YOU

Dealing with a personal injury claim can sometimes be complicated and require special expertise. People who have just gone through an accident are often unable to look after their own interests effectively or may require assistance in this respect. If you have not recovered within three months, you may consider engaging someone to represent you. This can be your legal aid insurer, trade union, Dutch AA, a lawyer or a personal injury agency. This person or organisation will act on your behalf and keep in touch with all parties involved. If you engage someone to represent you, all communication between you and us will run via that person or organisation.

FEES AND CHARGES

Engaging someone to represent you is not free of charge, unless you are insured for the cost of legal aid. These costs are referred to as fees and charges. We cover these, as long as they are reasonable.

When meeting an employment expert, please have copies of the following to hand:

a problem analysis and an action plan, prepared by the work safety and health service or your employer.

CODE OF CONDUCT

We work in accordance with the Dutch Code of Conduct for Handling Personal Injury Claims, which was introduced on 1 January 2007. This code applies to accidents resulting in more serious personal injury. Does it, within half a year after the accident, look as if you have not been left without impairment? In that case you have probably sustained a more serious personal injury. The code of conduct consists of a number of rules to ensure that your representative and we treat each other and you courteously and professionally while your claim is being settled. These rules are based on the following premises:

- You take priority throughout the entire process.
- We and your representative are honest and respectful in dealing with each other and with you.
- The compensation claim process is clear and understandable to you.

Your representative and the insurer may work out an action plan with you to make it easy for you to follow the process.

- In assessing loss items, we follow the guidelines of the Personal Injury Council to the greatest extent possible.
- The medical process runs according to the Medical Chapter, which is part of the Dutch Code of Conduct for Handling Personal Injury Claims.
- Claims are settled in complete harmony, even if there are differences of opinion.
- You, your representative and we as your insurer aim to keep up a good pace in handling your claim and to conclude your case within two years at any rate.

- Has your claim come to a standstill because your representative fails to reply? In that case we are entitled to contact you directly, but not until we have duly informed your representative and given him a grace period of four weeks to reply.
- If there is still no final settlement in sight after a period of two years, another claims assessor will review the compensation claim process. We will share the findings from this internal second opinion with you or your representative. This will enable us to work together on an action plan with the aim of securing the best possible settlement.
- Has your claim still not settled after three years? And do you believe there is a way to speed up the process? In that case, Allianz will give you the option of mediation.
- The parties involved will work together to find a solution to the problems at hand. If mutual consultation does not lead to a solution, parties will decide what steps to take.

Application of the code of conduct is not mandatory. Its application is up to the parties involved themselves on a case-by-case basis. Yet it is a fact that most victim support services and insurance companies adhere to the code of conduct. The code has also been signed by a number of representative organisations. If your representative does not mention anything about the code of conduct, you yourself can always suggest following those rules. For the record, the code of conduct does not answer the question of how much compensation you are due.

PRIVACY AND FRAUD

Privacy

Allianz keeps a record of all your personal data. We treat your data as confidential in accordance with the Personal Data Protection Act (Wet bescherming persoonsgegevens), the General Data Protection Regulation (Algemene Verordening Gegevensbescherming) effective 25 May 2018, and other European legislation and regulations. Persons or organizations engaged by us are subject to the same duty to protect your privacy as are we ourselves.

We are also subject to the Code of Conduct for the Processing of Personal Data (Gedragscode Verwerking Persoonsgegevens) issued by the Dutch Association of Insurers. This is available from the Dutch Association of Insurers on telephone number +31 (0)70 333 85 00. It can also be downloaded via <https://www.verzekeraars.nl/branche/zelfregulering/overzicht/verwerking-persoonsgegevens-gedragscode>

Your personal data may also be recorded in the Central Information System (CIS) of the insurance companies operating in the Netherlands. The system promotes the proper acceptance and claims settlement policy of CIS members. For further information: Stichting CIS, telephone number +31 (0)70 333 85 11 or www.stichtingcis.nl.

Fraud

Every insurer is required to exercise due care with the funds entrusted to it and to prevent insurance fraud. Hence the high priority we place on fraud control. Allianz has a zero-tolerance policy on fraud, and we always take action. If we have doubts about the accuracy or completeness of the information received, we will investigate the claim. This may also include an internet and personal investigation. One example of a personal investigation would be if we took pictures of someone's daily activities. When conducting such investigations, we always obey the law and the Code of Conduct for Personal Investigation (Gedragscode Persoonlijk Onderzoek).

If there is any suspicion of fraud, we are entitled to record your entire personal details in the internal incidents register of Allianz Nederland Groep N.V. This means that you will not be allowed to take out insurance from us or our subsidiaries in the future. The purpose of the register is to promote proper acceptance and claims settlement policy. This incidents register is accessible solely to authorized employees of Allianz Nederland Groep N.V. and its subsidiaries.

The incidents register is kept by our Legal & Anti-Fraud Department, Postbus 761, 3000 AT Rotterdam. To inspect the incidents register, you can also reach them by email: anti.fraud@allianz.nl. The incidents register is listed with the Data Protection Authority, No. m1512027. See www.allianz.nl for further information.



COMPLAINTS

We do our utmost to settle your claim in a professional manner and to help you to the best of our ability. Nevertheless, if you are dissatisfied with the way in which we deal with your case, please do not hesitate to let us know. We always try to solve the problem and will be happy to explain why we do things certain ways. If that is not to your satisfaction, you have the option of lodging a complaint with our executive board:

Allianz Nederland Schadeverzekering

Attn: Executive Board
Postbus 761
3000 AT Rotterdam

If you are not satisfied with the reply from our executive board, you may direct your complaint to the Financial Services Complaints Tribunal, Postbus 93257, 2509 AG Den Haag.

CUSTOMER SATISFACTION SURVEY

Your assistance is requested in a customer satisfaction survey.

We would like to know your thoughts on how your personal injury claim was handled.

Your answers and information will help us to improve the personal injury claims process.

After your case is closed, you will receive a survey from Q-consult. Q-consult is conducting this survey on our behalf.

It should take you about ten minutes to complete the survey.

If you wish, you may object to taking part in the survey. Please follow this link for further <https://autoriteitpersoonsgegevens.nl/nl/zelf-doen/privacyrechten/recht-van-bezwaar>

You are entitled to inspect these records if you require more information. Please follow this link for further information: <https://autoriteitpersoonsgegevens.nl/nl/zelf-doen/privacyrechten/recht-op-inzage>

USEFUL WEBSITES

www.verkeersongeval.nl

Extensive information about the medical, legal and financial consequences of a road accident. This website provides everything you need to know about the Code of Conduct for Handling Personal Injury Claims. Links to other useful websites are provided as well.

www.kifid.nl

This website of the Financial Services Complaints Tribunal tells you what you can do if you have a complaint.

www.deletselschaderaad.nl

This website provides everything you need to know about the Code of Conduct for Handling Personal Injury Claims. You will also find guidelines on the monetary amount of a number of loss items and how long it should take for a claim to settle.

See also <https://deletselschaderaad.nl/infowijzer/>

Allianz Nederland Schadeverzekering

is a subsidiary of Allianz Benelux N.V.

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