

KIZO – KEY INFORMATION FOR THE INJURED PARTY (in case of automobile liability damage) INSURER: SAVA OSIGURANJE, D.D. – CROATIAN BRANCH OFFICE



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If you find yourself as an injured party in a traffic accident involving a vehicle in the Republic of Croatia, it is important to be familiar with the procedure of claims management by the insurance company (hereinafter referred to as the insurer). This guide will provide you with basic information on the key elements of the claims submission and management procedure with the insurer to help you better understand your rights during the claims management procedure.

PART A – WHAT TO DO IN THE EVENT OF A TRAFFIC ACCIDENT?

- **Provide first aid** and call emergency services if there are injured persons.
- If the vehicle is in running order, move it off the road as soon as possible to allow traffic to flow freely, or mark the accident site with a warning triangle.
- **Report the incident to the police** when required to do so by law, especially if there are injuries or fatalities, or in the following situations:
 - fire or explosion;
 - significant material damage to the vehicle;
 - any other reason that leads you to believe the police should be involved (e.g. if the other participant leaves the scene or refuses to provide personal information, if the vehicle is unregistered, if the driver does not have a license, if there is suspicion that the driver is under the influence of alcohol or drugs, etc.), to carry out an investigation of the traffic accident.
- Take all possible actions to minimize or eliminate damage or prevent further damage (if possible).
- **Fill out and sign the European Accident Statement** or otherwise exchange personal, vehicle, and insurance information with the other participants in the accident.
- Filling out the European Accident Statement serves to establish the factual situation and does not mean that there was an agreement between the drivers regarding the guilt, nor by signing admits guilt. A properly completed European Accident Report can be used as a claim based on automobile liability insurance, that is as a statement about the circumstances of the occurrence of the harmful event (Art. 38 of the Act on compulsory insurance within the transport sector);
- Drivers must not leave the scene of a traffic accident until they have filled out and signed European Accident Statement or otherwise exchanged personal and vehicle data (Art. 176 Road Safety Act);
- If you do not have a European Accident Statement, exchange personal data in another way (who drove the vehicle) and data on vehicles (registration number, ownership) and insurance companies (with automobile liability insurance policies) (Art. 176 Road Safety Act);
- If possible, document the damage: photograph the accident site, the positions of all involved vehicles, damage to the vehicles, skid marks, and other significant traces at the accident site, on the vehicles, and on the road. If possible, also photograph the relevant documents (vehicle registration certificate, driver's license).

PART B – SUBMITTING A CLAIM

1. Who do I submit my claim to?

You should submit your claim to the **insurer of the vehicle responsible for the accident** (if you know this information). You can verify the vehicle's insurance by entering the license plate number on the following website: <https://huo.hr/hr/provjera-osiguranja>. If you do not know the license plate number, contact the Croatian Insurance Bureau. It is recommended that the claim be submitted as soon as possible.

2. Who should submit a claim and how and where should they do it?

The injured party (vehicle owner or user, injured person, owner of damaged property) or their authorized representative can submit a claim. Claims can be submitted in person at an insurer's office, and if the vehicle owner is leasing company then you, in case of material damage of vehicle, submit the claim as lessee to leasing company and to insurance company as soon as possible by email at stete@sava-osiguranje.hr or by phone at: **0800-913 023 or 01 6397 689**.

3. Required documents and information for claim management:

- Vehicle registration certificate for the damaged vehicle;
- Driver's license of the person driving at the time of the accident;
- Completed European Accident Statement or information on the other party involved (policy number, vehicle license plate number);
- Bank account number for payment (IBAN);
- If the damage has rendered the vehicles non-operational, provide the location where the vehicle(s) are located;
- In case of bodily injury: medical documentation (from the first examination to the completion of treatment), and in the event of a fatal injury, the death certificate, the inheritance decision, children's birth certificates, residence certificates, and documentation for funeral and other expenses;
- In case of property damage: proof of ownership of the damaged property (e.g., land registry extract, title deed, etc.);
- If the police were involved: the police report and the alcohol testing report.

ADDITIONAL IMPORTANT NOTES:

- When requesting information, the insurer will limit themselves only to the necessary data (e.g. for material damage, the data contained in the European Accident Statement, identification data, contact information, and the payment method for the compensation).
 - The insurer may request and instruct you to provide additional documents necessary for them to handle the claim if they cannot obtain such documents on their own or if you have them, namely to expedite and make the claims management procedure more efficient.
- ### 4. What information can you expect from the insurance company immediately upon submitting a claim?

The insurer will do the following:

- assign a unique reference number (claim identifier) to your claim, which you will use to track the status of your claim during its management procedure with the insurance company;
- specify the date your claim was registered (the date the claim was submitted);
- provide information on the next steps in the claims procedure.

As early as this stage, the insurer may offer you options for settling your claim, which may include:

- a) payment to the repair shop;
- b) payment to the injured party.

Note: By signing a settlement statement or agreement, you forfeit the right to seek additional compensation. You can reject the settlement offer and still receive compensation for the damage. Settlement agreements are final and binding. In the case of a settlement, the insurer will not be responsible for any payments beyond the terms of the agreement in question.

PART C – ASSESSMENT AND MANAGEMENT OF CLAIMS BY THE INSURANCE COMPANY

1. The insurer will conduct a damage assessment (i.e., evaluate the extent of the damage) at the insurance company's premises. You can find a list of locations at <https://www.sava-osiguranje.hr/hr-hr/mreza/>.
2. Based on the assessment, the insurer's appraiser will determine the damage and prepare a so-called "Damage Report" detailing the type of damage to the vehicle, the parts for repair and/or replacement, and the associated number and type of work hours.
3. The "Damage Report" shall be submitted to the injured party or the vehicle owner, or to the person you have authorized for this purpose. This report **does not constitute an admission of liability by the insurer.**
4. **You have the right to choose an authorized service provider (repair shop) for the vehicle repair.**
5. **If, during the repair process, additional damage is discovered that was not noted in the "Damage Report", you should ask the insurer to conduct a follow-up damage assessment.**
6. The insurer will communicate with you or your authorized representative in the agreed manner for the purpose of providing information about the claim handling procedure.
7. **You are entitled, at your own expense, to obtain an independent expert's report and opinion. The insurer will review and address any disputed aspects of such a report and opinion.**
8. In addition to assessing the damage, the insurer will also verify the amount and validity of the claim based on the submitted documentation.

PART D – REASONED OFFER, REASONED REPLY, AND YOUR RIGHT TO APPEAL

1. The insurer **has 60 days from the day of receipt of the claim** to provide a written and reasoned offer for compensation or a written and reasoned reply if liability is disputed or the extent of the damage is not fully determined.
 - a) **The reasoned offer** must include:
 - the title of the decision, the date it was adopted, and the position/title of the decision-maker;
 - the date the claim was received and a list of the documentation received and obtained;
 - a statement from the insurer confirming their obligation to provide compensation for the damage, along with a detailed explanation including the relevant facts and legal basis (such as the relevant provisions of applicable laws, insurance terms, etc.);
 - a specification of the assessed damage, containing the insurer's clear, simple, and understandable explanation of how the damage was determined and the compensation amount to be paid. This should include any specific factors applied (e.g., depreciation, co-responsibility), explaining why and how such factors were applied;
 - a statement confirming that the compensation specified in the reasoned offer will be paid within 15 days of the date the offer is sent, with the said payment period falling within 60 days of the date the claim is received;
 - a detailed response to any disputed points from the independent expert's report and opinion and any disputed items from the repair quote or invoice issued by an authorized service provider, if provided;
 - instructions on your right to submit an appeal, the procedure for submitting an appeal against the insurer's decision, and the 15-day deadline within which the insurer must respond to the appeal.
 - b) **The reasoned reply** must include:
 - **When the insurer has determined that they are not liable for compensation:**
 - the title of the decision, the date it was adopted, and the position/title of the decision-maker;
 - the date the claim was received and a list of the documentation received and obtained;
 - a statement from the insurer specifying that they have determined they are not liable for compensation, along with a detailed, clear, and understandable explanation of the relevant facts and legal basis (such as the relevant provisions of applicable laws, insurance terms, etc.) for the exclusion of liability, taking into account all available documentation;
 - a detailed response to any disputed points from the independent expert's report and opinion related to liability for compensation;
 - instructions on the procedure for submitting an appeal against the insurer's decision, and the 15-day deadline within which the insurer must respond to the appeal.
 - **When the responsible insurer has determined that they are only partially liable for compensation:**
 - the title of the decision, the date it was adopted, and the position/title of the decision-maker;
 - the date the claim was received and a list of the documentation received and obtained;
 - a statement from the insurer confirming their obligation to provide only partial compensation for the damage, along with a detailed explanation including the relevant facts and legal basis (such as the relevant provisions of applicable laws, insurance terms, etc.);
2. If the insurer does not provide a reasoned offer for compensation or a reasoned reply within 60 days of receiving the claim, and you are unable to resolve the dispute with the insurer amicably, through mediation at the Croatian Insurance Bureau, or through some other peaceful means (<https://mpu.gov.hr/mirno-rjesavanje-sporova-medijacija/26978>), you may seek legal protection by filing a lawsuit against the insurer.
3. If you are dissatisfied with the insurer's handling of your claim, you may contact the Insurance Ombudsman at the Croatian Insurance Bureau and submit a complaint to HANFA.
 - a specification of the assessed damage, containing the insurer's clear, simple, and understandable explanation of how the damage was determined and the compensation amount to be paid, an explanation of any specific factors applied, as well as how the assessed damage and the compensation to be paid were determined. This should include any specific factors applied (e.g., depreciation, co-responsibility), explaining why and how such factors were applied;
 - a statement confirming that the uncontested amount specified in the reasoned reply will be paid within 15 days of the date the reply is sent, with the said payment period possibly being shorter as it must fall within 60 days of the date the claim is received;
 - a detailed response to any disputed points from the independent expert's report and any disputed items from the repair quote or invoice issued by an authorized service provider, if provided;
 - instructions on the procedure for submitting an appeal against the insurer's decision, and the 15-day deadline within which the insurer must respond to the appeal.
 - **When the responsible insurer is unable to fully determine the damage:**
 - the title of the decision, the date it was adopted, and the position/title of the decision-maker;
 - the date the claim was received and a list of the documentation received and obtained;
 - a statement from the responsible insurer regarding their liability and inability to fully determine the damage, including the reasons why they cannot fully assess the damage;
 - a detailed explanation including the relevant facts and legal basis (such as the relevant provisions of applicable laws, insurance terms, etc.);
 - a specification of the assessed damage, containing the insurer's clear, simple, and understandable explanation of why they cannot fully assess the damage, how the damage was determined, and the compensation amount to be paid. This should include any specific factors applied (e.g., depreciation, co-responsibility), explaining why and how such factors were applied;
 - a statement confirming that the uncontested amount will be paid within 15 days of the date the reply is sent, with the said payment period possibly being shorter as it must fall within 60 days of the date the claim is received;
 - a detailed response to any disputed points from the independent expert's report and opinion and any disputed items from the repair quote or invoice issued by an authorized service provider, if provided;
 - instructions on the procedure for submitting an appeal against the insurer's decision, and the 15-day deadline within which the insurer must respond to the appeal.

** Road Safety Act

** Compulsory Motor Vehicle Liability Insurance Act