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 institions: Twoje Dziecko 2/2019. I consent to the use of my telephone number and e-mail address for the purpose of activating an internet service located at www.aviva.pl and administrated by Aviva Poland.

We kindly inform you that your personal data will be processed by Aviva Towarzystwo Ubezpieczeń Ogólnych S.A. located in Warsaw, Poland at the following address: ul. Inflancka 4B 00-189 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.aviva.pl.

Optional consents:

concont to the proc	occing of my por	conal data by Aviva t	arcaloc markoting and	administrative purposes.
CONSENT TO THE PLOC	essing of thy per	Sunal uala by Aviva n	JI Sales, marketing and	aummisciacive 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

Policy	num	bei
--------	-----	-----

(Completed by Aviva agent)

Aviva Towarzystwo Ubezpieczeń Ogólnych SA, ul. Inflancka 4b, 00-189 Warszawa, NIP: 5260209998, Nr KRS 000009857 Sąd Rejonowy dla m.st. Warszawy XII Wydział Gospodarczy Krajowego Rejestru Sądowego Kapitał zakładowy: 59 360 000 zł, Kapitał wpłacony: 59 360 000 zł