

CONSENT REGARDING PROCESSING OF PERSONAL DATA

ADB Compensa Vienna Insurance Group (reg. No: 304080146, address: Ukmergės str. 280, LT-06115 Vilnius, Lithuania. www.compensa.lt, tel.: 19111) processes data concerning health for the purposes of insurance risk assessment, conclusion and performance of insurance contracts, investigation and administration of insured events or events that may be recognized as insured events. You shall have the right to request to familiarise with your personal data, correct, delete or restrict processing of personal data, and refuse to allow processing of data, as well as the right to withdraw your consent regarding processing of data and right to data portability. Further information on how ADB Compensa Vienna Insurance Group processes personal data is available in our Privacy policy <https://www.compensa.lt/privatumo-politika-privatiems/> or upon arrival at Ukmergės str. 280, Vilnius. If your rights have been violated, you can contact a data protection officer at the following e-mail address dpo@compensa.lt, also lodge a claim with the State Data Protection Inspectorate or court.

I hereby confirm my consent to ADB Compensa Vienna Insurance Group for processing of my data concerning health for the purposes of insurance risk assessment, conclusion and performance of insurance contracts, investigation and administration of insured events or events that may be recognized as insured events. I allow ADB Compensa Vienna Insurance Group to disclose my personal data, including data concerning health, to experts and other persons with specialist knowledge, where it is required to determine the fact of insured event, consequences and amount of insurance premium. I also grant my consent to ADB Compensa Vienna Insurance Group to receive my personal data, including data concerning health from all health care specialists and health care institutions for the purpose of investigation and administration of insured events or events that may be recognized as insured events.

Mark one box:

Agree

Disagree

Full name and personal ID number

Date

Signature