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Car accident

Specific information about: how to dispute a decision taken by the vehicle insurer, any penalties if the accident procedure is not respected, on the procedure for claiming compensation and others



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- Appeal against the vehicle insurer's decision
- <u>Determination of insurance premiums</u>
- · Verification of claims history
- Contact details of the relevant authority
- Accident procedure
- Penalties for non-compliance with the accident procedure
- Claims procedure
- · Procedure for submission of an accident statement
- Minimum insurance cover
- · Claiming compensation from not insured

Appeal against the vehicle insurer's decision

If you are a customer of a financial market operator (including an insurance company), you may file a complaint (in written, oral or electronic form) at the customer service department of the financial market operator. After receiving the complaint, the financial market operator will examine it and provide a reply within 30 days from the date of receipt of the complaint. In particularly complicated and justified cases, complaints are examined within 60 days from the date of receipt.

The Financial Ombudsman is the authority appointed to protect customers of financial market operators (including customers of insurance companies) and to represent their interests. The Ombudsman is responsible, in particular, for examining applications in individual cases brought when financial market operators reject customers' complaints.

Determination of insurance premiums

Tariffs and the amount of insurance premiums for compulsory insurance are determined by insurance companies. If a premium tariff is determined or changed, an insurance company must inform the supervisory authority about this tariff and the basis for determination. This information should include, in particular, a loss ratio analysis and an analysis of the costs of insurance services

Opublikowano: 12.12.2020, 21:26

justifying each change in the tariff.

An IT database containing, inter alia, information on compensation and benefits paid under insurance contracts is maintained by the Insurance Guarantee Fund (Ubezpieczeniowy Fundusz Gwarancyjny).

The Fund makes the insurance-related data collected available to owners of motor vehicles who concluded third party insurance contracts for owners of motor vehicles, i.e. information on damages caused in connection with the ownership of these vehicles in the last 5 years or information on the absence of such damages.

If you wish to obtain such data, you must submit a request to the Insurance Guarantee Fund to make them available. The Fund will make the data available to you in written form within 15 days from the date of receipt of your request.

Verification of claims history

At present, records of claims from other countries cannot be verified.

Work is currently underway to amend Directive 2009/103/EC of the European Parliament and of the Council of 16 September 2009 relating to insurance against civil liability in respect of the use of motor vehicles, and the enforcement of the obligation to insure against such liability. The draft directive introduces the possibility of verifying records of claims from other countries.

Contact details of the relevant authority

Data on claims representatives appointed by insurance companies and data on compensation bodies established in each EU Member State are collected by the Insurance Guarantee Fund.

Accident procedure

Information on the procedure in case of an accident involving vehicles

If you have been involved in an incident covered by compulsory insurance, you must:

- 1. take all measures necessary to ensure safety at the site of the incident, try to mitigate the consequences of the incident and provide medical assistance to the injured parties as well as, where possible, secure the property of the injured parties;
- 2. where possible, prevent the damage from becoming worse;
- 3. immediately notify the police of the incident if it has resulted in any casualties or its circumstances suggest that an offence has been committed;
- 4. provide information necessary to identify the insurance company to the other parties involved in the incident, including data on the insurance contract;

Opublikowano: 12.12.2020, 21:26

5. immediately notify the insurance company of the incident, providing necessary explanations and available information.

Obligation to use the official accident declaration form

If you have been involved in an incident covered by compulsory insurance, you must immediately notify the insurance company of this incident, providing necessary explanations and available information.

Damage may be reported by telephone, by electronic means or in writing. The legislation does not specify how damage should be reported.

In practice, insurance companies publish ready-to-use forms on their websites, which you may download and complete if you wish to report damage in this form.

Obligation to call the police

If you have been involved in an incident covered by compulsory insurance, you must immediately notify the police of the incident if:

- it has resulted in any casualties, or
- its circumstances suggest that an offence has been committed.

Penalties for non-compliance with the accident procedure

If you are a person covered by compulsory third party insurance or a person who brings a claim and you have failed to comply with the procedure described in the Act due to wilful misconduct or gross negligence, which has affected the determination of the existence or extent of your civil liability or has made the damage worse, the insurance company may seek reimbursement of part of the compensation paid to the entitled party or limit the compensation paid to you. The burden of proving the facts justifying the reimbursement of part of the compensation to the insurance company or the limitation of the compensation rests with the insurance company.

Claims procedure

If you have been involved in an incident covered by compulsory insurance, you must:

- provide information necessary to identify the insurance company to the other parties involved in the incident, including data on the insurance contract, and
- immediately notify the insurance company of the incident, providing necessary explanations and available information.

As a rule, an insurance company pays compensation within 30 days from the date on which the injured party or the entitled party reports damage.

Opublikowano: 12.12.2020, 21:26

Procedure for submission of an accident statement

When reporting the damage, provide all the necessary data requested by the insurance company.

These data concern, inter alia:

- the identification of the person reporting the damage (full name, residential address, sex, age, Personal Identification Number PESEL).
- the type of damage,
- the date on which the damage occurred,
- the number of the insurance policy under which the damage is reported,
- the place where the damage occurred,
- the bank account number to which the benefit should be paid,
- a short description of the damage.

The legislation does not provide for any formal or substantive requirements for damage report forms. These requirements are, however, regulated by the internal procedures of the insurance company concerned.

Minimum insurance cover

Insurance covers the civil liability of any person who, while driving a motor vehicle during the insurance coverage period, caused damage arising from the use of that vehicle, which resulted in death, bodily injury, health impairment, or loss and destruction of or damage to property.

The insurance company's liability is limited to the guarantee sum. The minimum guarantee sums are as follows:

- EUR 5 210 000 for personal injury in respect of one incident whose consequences are covered by insurance, regardless of the number of injured parties, or
- EUR 1 050 000 for damage to property in respect of one incident whose consequences are covered by insurance, regardless of the number of injured parties.

Claiming compensation from not insured

If the person responsible for a traffic incident (accident/collision) has not concluded a compulsory third party insurance contract, the injured party may report the damage to the Insurance Guarantee Fund (Ubezpieczeniowy Fundusz Gwarancyjny).

The Fund is required to pay compensation for personal injury (bodily injury, e.g. a broken arm, compensation for the loved ones for the death of the injured party in an accident, treatment costs, etc.) and for damage to property (e.g. damage to a car) within 30 days (in uncontested cases) from the receipt of documentation from the insurance company responsible for loss adjusting.



Damage must be reported to one of insurance companies which sell third party liability insurance for owners of motor vehicles, which then conducts proceedings, calculates compensation and sends documentation to the Insurance Guarantee Fund.

Opublikowano: 12.12.2020, 21:26

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