



## CUSTOMER NOTICE FOR THE TREATMENT OF PERSONAL DATA

Dear Sir or Madame,

Siscos, whom you gave authorization to follow your claims until the payment of reimbursements and benefits, would like to give you some information.

The Leg. Dec. 30 June 2003 n. 196 (Personal Data Protection Code) provides for the protection of personal data, and establishes that data of the interested person must be kept and utilized in transparency, with a view to defend the rights of the person involved.

This is to inform you that Siscos is in possession of some personal data about you. In compliance with art. 13 of Leg. Dec. 30 June 2003, n° 196, Siscos will register, treat and keep your personal data as follows:

- In its electronic data bases.
- To carry out all its duties with the insurance companies and brokers, until the final reimbursement of claims and benefits for the insured person and his family members.

**Rights enshrined in Art. 7** – The data subject has the right to obtain confirmation on the existence of his/her personal data; to know how they were acquired; to ask for data cancellation; to change into anonymous ones or to seal off those personal data treated violating law; the right to update, to rectify or to complete his/her data; and the right to oppose him/herself their treatment.

***Person in charge of the processing/data controller – Siscos, Via G. Parini 7 – 20121 Milan, is in charge of the data treatment. On this behalf, Siscos reserves itself the right to treat and process your personal data, should it be necessary to:***

- perform the duties prescribed by law or UE rules and regulations;
- carry out all duty necessary to assist the insured persons.

SISCOS



Send to Siscos: E-mail: [assistenza.assicurati@siscos.org](mailto:assistenza.assicurati@siscos.org)

**FIRST REPORT FORM  
FOR MEDICAL EXPENSES AND / OR INJURY**

**Not valid for Europ Assistance Policies**

**Please use it to communicate an accident, a pregnancy or long-lasting medical treatments**

*Please send this form by fax or email. When sending by email, you do not need to sign the document: Full Name is requested. The form can also be sent by the NGO.*

Full Name:

E-mail:

Working for the NGO / Organization:

- Insured with:       Siscos Policies for NGO expatriate workers  
 MoFA Policy for *volontari / cooperanti* (law n.149/1987)

I inform having received medical treatments for:

- myself     my family member:  
(Full Name)

For:

- Illness, starting from \_\_\_/\_\_\_/\_\_\_\_\_ (please send a medical certificate)  
 Pregnancy, starting from \_\_\_/\_\_\_/\_\_\_\_\_ (please send a pregnancy certificate)  
 Injury, happened on \_\_\_/\_\_\_/\_\_\_\_\_ (please send a statement indicating causes and dynamic of the accident)

***I authorize Siscos to send an accident report to the Insurance Company.***

**I enclose:**

- A medical certificate of diagnosis / first treatment, on \_\_\_/\_\_\_/\_\_\_\_\_  
**(In case it is not possible to attach it, you must send it  
as soon as possible by e-mail: [assistenza.assicurati@siscos.org](mailto:assistenza.assicurati@siscos.org))**
- A Statement describing causes and dynamic of the accident, date, place, description of event, first treatments received (i.e. first aid certificate, etc..)

*I have taken note of the statement complying with the D. Lgs. 30 June 2003 n. 196, art. 13, that I received, and I give my consent to the processing of my personal and sensitive information to SISCOS, as it is the holder of the processing; with the means and limitations of the above mentioned statement, with the only aim to carry out the assignment of assistance I gave it.*

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## STATEMENT INDICATING CAUSES AND DYNAMIC OF ACCIDENT

**Full Name of the Insured:**

**Injury happened on:**

**Place:**

**Description of the accident and of first treatments received:**