

Claimant data

Mr./Ms.: _____

NIF: _____

Address: _____

Tel.: _____ Fax: _____

E-mail: _____

Policy number/ claim number: _____

Type of Cover: _____

Claimant position in the policy*: _____

Matter/Reason for the complaint

Please, describe with detail and in a clear way your case and result you would like to obtain by presenting this complaint

Attached documents

The claimant confirms that the matter of this complaint is not nor has been treated in any administrative, judicial or arbitration procedure.

Signed in _____ **The** _____ **of** _____ **20** _____**Signature***** Policyholder, insured, beneficiary, injured party, successor or legal representative.**

The personal data provided will be processed by Admiral Europe Insurance Company S.A.U. (AECS), responsible for the treatment, and its data processor Admiral Intermediary Services, S.A.U. (AIS), with the main purpose of managing our contractual relationship, including your complaint. The legitimizing basis for the treatment of the data can be the execution of the contract, the fulfillment of legal obligations or the legitimate interest. You can exercise your rights as interested by writing to: protecciondedatos@admiral.es. You can consult additional and detailed information on Data Protection in the Privacy Policy available on the AECS website

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