



CONSENT FOR THE PROCESSING OF PERSONAL DATA

Purpose of collection and processing

The Motor Insurers' Fund ("MIF"), its agents, advisors and external service providers, in the context of examining your claim for damages intends to collect and process categories of personal data which concern you or concern children on behalf of which you consent as a legal guardian. In certain occasions the MIF will transfer your personal data to countries not providing an adequate level of protection to personal data. The MIF will take steps to ensure that personal data transferred is subject to appropriate safeguards. Please note that the collection and processing of certain categories of personal data is necessary for the examination of claims by the MIF. In case you do not provide your consent, we may not be able to examine and satisfy your claim.

Withdrawing your consent

In case you wish to withdraw your consent, you may inform us in writing at Zenonos Sozou 23, 2nd floor, Nicosia 1075, or by email at dpo@mif.org.cy. In case you withdraw your consent, we may not be able to examine and satisfy your claim.

Categories of Personal Data

The MIF will collect and process, the following categories of personal data where this is required for claim examination purposes:

- General identification and contact information of claimants (e.g. full name, address, telephone number).
- Bank account details of the claimant/beneficiary (name, account number, IBAN, name of the bank etc).
- Details of the claimant's insurance policy (e.g. insurance company, insurance policy number, etc).
- Details of the claimant's vehicle and/or vehicles involved and/or drivers involved (e.g. license plates, name and surname of the owner, name and surname of the driver etc).
- Health related data of the claimant (e.g. personal injury, medical reports).
- Details of the accident (e.g. date of the accident, location of the accident etc).
- Details and particulars of damages (e.g. vehicle, property)
- Details in relation to Green Card claims
- Details of independent witnesses (e.g. names and addresses etc)

Declaration of Consent

I have read the content of this form and consent to the collection and processing of the personal data described above by the Motor Insurers' Fund for the above mentioned purposes.

Full Name:

Signature:

Date: