

**BG Предявяване на вземания**  
**ES Presentación de créditos**  
**CS Přihláška pohledávky**  
**DA Anmeldelse af fordringer**  
**DE Forderungsanmeldung**  
**ET Nõuete esitamine**  
**EL Αναγγελία απαιτήσεων**  
**EN Lodgement of claims**  
**FR Production de créances**  
**GA Taisceadh éileamh**  
**HR Prijava tražbina**  
**IT Insinuazione di crediti**  
**LV Prasījumu iesniegšana**  
**LT Reikalavimų pateikimas**  
**HU Követelések előterjesztése**  
**MT Tressiq ta' pretensjonijiet**  
**NL Indiening van schuldvorderingen**  
**PL Zgłoszenie wierzytelności**  
**PT Reclamação de créditos**  
**RO Depunerea cererilor de admitere a creanțelor**  
**SK Prihláška pohľadávok**  
**SL Prijava terjatev**  
**FI Saatavien ilmoittaminen**  
**SV Anmälan av fordringar**

#### **LODGEMENT OF CLAIM FORM**

In accordance with article 282 and 283 of Directive 2009/138/EC of the European Parliament and of the Council, of 25th November 2009, on the taking-up and pursuit of the business of Insurance and Reinsurance (Solvency II) (“the Directive”) and in accordance with articles 332 and 333 of the Insurance and Reinsurance Services and Other Related Business Laws of 2016-2019 of the Republic of Cyprus (“the Law”) for the right to lodge claims of creditors who have their habitual residence, domicile or head office in other member states, we hereby notify you of the commencement of the process for the compulsory winding up by the Court with regard to the Cypriot insurance company “Olympic Insurance Company Ltd” (“the debtor” or “the Company”) and you are hereby called upon to lodge any claim you may have against the debtor.

In accordance with article 333 of the Law, your claim may be lodged in the official language or one of the official languages of the member state in which you maintain your habitual residence, domicile or head office.

For further information on the lodgement of such claims please refer to the document “invitation to lodge a claim, time limits to be observed” which can be downloaded from the following link: [www.olympicins.bg](http://www.olympicins.bg)

**PART I  
INSOLVENCY PROCEEDINGS**

**1. DEBTOR**

- 1.1 Name: OLYMPIC INSURANCE COMPANY LTD
- 1.2 Company Registration Number: HE 71103
- 1.3 Registered Address: 26 Stassandrou Street, SEK Building, 1060, Nicosia Cyprus

**2. INSOLVENCY PROCEEDINGS CONCERNED**

- 2.1 Insolvency Proceeding: Compulsory winding up by the Court
- 2.2 Name of Court commencing insolvency proceedings: District Court of Nicosia
- 2.3 Court case reference number: 656/2018
- 2.4 Commencement of winding up:
  - 2.4.1 Issue date of winding up order: 30/7/2019
  - 2.4.2 Date of submission of winding up petition: 10/8/2018

2.5 In accordance with Cyprus Law upon the issue of a winding up order in respect of a company, the winding up of the company by the Court commences and the winding up is deemed to have commenced on the date of submission of the winding up petition.

2.6 Liquidator(s) appointed:

The following have been appointed to act jointly as Liquidators of the Company:

The Official Receiver

Corner of Yerasimos Markoras and 19 Michalakopoulou Street, 1075 Nicosia, Cyprus

Pavlos Nacouzi

2 Romanou Street, Tlais Tower, 1st Floor, 1070 Nicosia, Cyprus

**PART II  
Lodgement of claim(s)**

**3. INFORMATION ABOUT THE CREDITOR/BENEFICIARY OF THE CLAIM(S)**

3.1 If the creditor is a Company or other legal person

**NAME**

3.1.1 Name of Company/ legal person.....

3.1.2 Name of legal representative.....

**ADDRESS**

3.1.3 Street and number/ PO Box.....

3.1.4 Area/Town .....

3.1.5 Postal code.....

3.1.6 Country.....

**REGISTRATION NUMBER**

3.1.7 .....

**CONTACT PERSON**

3.1.8 Name .....

3.1.9 E-mail Address

3.1.10 Telephone number:

**3.2 If creditor is a physical person**

**NAME**

3.2.1 Surname.....

3.2.2 Name .....

**ADDRESS**

3.2.3 Street and number/ PO Box.....

.....

3.2.4 Area/Town .....

3.2.5 Postal code.....

3.2.6 Country.....

**PERSONAL IDENTIFICATION NUMBER**

3.2.7 Type of identification:.....

3.2.8 Number:.....

**CONTACT PERSON**

3.2.9 Name:.....

3.2.10 E-mail address:.....

3.2.11 Telephone number:.....

**4. INFORMATION ABOUT THE PERSON LODGING THE CLAIM IN THE NAME OF THE CREDITOR IN 3**

4.1 If the person lodging the claim is the creditor in point 3 then point 4 does not apply.

4.2 If the person lodging the claim is different from the creditor in point 3 then provide the following details:

4.2.1 Name .....

4.2.2 Street and number/ PO Box .....

4.2.3 Area/Town.....

4.2.4 Country.....

4.2.5 E-mail address.....

4.2.6 Telephone number.....

4.2.7 Telefax number.....

4.2.8 Relationship to the Creditor in point 3.....

**5. DETAILS OF THE BANK ACCOUNT TO WHICH ANY DISTRIBUTION ON THE BASIS OF THE CLAIMS LODGED SHOULD BE DEPOSITED**

- 5.1 Account holder's name:.....
- 5.2 Member State where the account is maintained (please indicate the country code):.....
- 5.3 Account number:.....
- 5.3.1 IBAN:.....
- 5.3.2 BIC:.....

**6. CLAIM LODGED – amount must be stated in Euro (EUR)**

**6.1 CLAIM FOR DAMAGES IN RESPECT OF MOTOR VEHICLE INSURANCE COVER**

I hereby lodge my claim for the total amount of ..... Euro (.....€), as at 30 July 2019, date of issue of the winding up order against the Company, arising as a result of the happening of an insured event with the following details:

- Type of Motor Claim: Own damage - comprehensive cover/ Third party damage – cover (please delete as appropriate)
- Insurance Policy number: ..... (Claim number .....)
- Policy holder's name: .....
- Date of Accident: .....
- Registration number of vehicle causing the loss: .....
- Registration number of vehicle suffering the loss: .....
- Amount of Special damages claimed, in Euro:.....
- Amount of General Damages claimed, in Euro:.....
- If a Court case against the debtor has been filed:.....
  - Name of relevant Court: .....
  - Court case number:.....
  - Court case filed date: .....
- If a Court judgment has been issued:
  - Date of Court decision.....
  - Amount of damages awarded.....

And hereby request to be included in the appropriate list of creditors of the Company.

**6.2 CLAIM FOR DAMAGES FROM OTHER (NON-MOTOR) INSURANCE COVER**

I hereby lodge my claim for the total amount of ..... Euro (.....€) as at 30 July 2019, date of issue of the winding up order against the Company, arising as a result of the happening of an insured event with the following details:

- Type of ..... Insurance Cover:.....

- Insurance Policy number: ..... (Claim number .....)
- Policy holder's name:.....
- Date of Insured event: .....
- Person suffering loss: .....
- Amount of Special damages claimed, in Euro:.....
- Amount of General Damages claimed, in Euro:.....
- If a Court case against the debtor has been filed:
  - Name of relevant Court:.....
  - Court case number:.....
  - Court case filed date: .....
- If a Court judgment has been issued:
  - Date of Court decision.....
  - Amount of damages awarded.....

And hereby request to be included in the appropriate list of creditors of the Company.

**6.3 CLAIM IN RESPECT OF REFUNDABLE INSURANCE PREMIUMS FOLLOWING TERMINATION OF INSURANCE COVER BY THE COMPANY**

I hereby lodge my claim for the total amount of ..... Euro (.....€) as at 30 July 2019, date of issue of the winding up order against the Company, for refundable insurance premium in respect of insurance policy number:.....

And hereby request to be included in the appropriate list of creditors of the Company.

**6.4 OTHER CLAIM**

I hereby lodge my claim for a total amount of ..... Euro (.....€) as at 30 July 2019, date of issue of the winding up order against the Company, arising from .....

6.4.1 Principal due :.....

6.4.2 Interest due: ..... Interest rate:..... From:.....

6.4.3 Total Amount of Claim: .....

6.4.4 Currency: .....

6.4.5 Nature of claim:.....

And hereby request to be included in the appropriate list of creditors of the Company.

**7. DO YOU CLAIM SECURED OR PREFERENTIAL POSITION?**

7.1 Do you claim a preferential position?: Yes/No (delete as appropriate)

7.1.1 If yes, please specify – does not need to be completed if the only preferential treatment claimed is that afforded by the Law to the creditors claiming under an insurance policy:

.....

7.2 Do you claim:

- Any security in rem.....
- Any reservation of title.....
- Any other right granting separate satisfaction from certain items of the debtor.....

7.3 Description of the assets covered by the security, by the reservation of title or by the other right granting separate satisfaction invoked;

.....

7.4 The date on which the charge, mortgage, other security (please specify), the reservation of title or other right granting separate satisfaction was formally given:.....

7.5 If the security, the reservation of title or other right granting separate satisfaction has been registered with an appropriate public authority, the date and location of registration and any number regarding registration.

.....

**8. SET OFF**

8.1 Does the debtor have a claim against you (the creditor) which may result in a set off? YES/NO (please delete as appropriate)

8.2 Amount of the claim of the debtor which may result in set-off against the creditor on the date of issue of the winding up order:.....

8.3 The date when the claim of the debtor in point 8.2 arose:.....

8.4 The amount claimed net of the amount for which set-off is claimed:.....

8.5 Currency:.....

8.6 Identification of the debtor’s claim against which the creditor demands set-off:.....

.....

**9. MEANS OF COMMUNICATION BY WHICH CLAIMS ARE SUBMITTED TO THE LIQUIDATORS**

9.1 By post or in person to the following address:

*The Liquidators  
Olympic Insurance Co Limited  
102 Bulgaria Avenue,  
Business center “Belisimo”  
2nd floor, Office 22  
Sofia  
Bulgaria*

Or by post to the following post office box:

*The Liquidators  
Olympic Insurance Co Limited  
PO Box №117  
Post Office 1404*

Sofia,  
Bulgaria

## 10. LIST OF COPIES OF SUPPORTING DOCUMENTS ENCLOSED

- 10.1 ID/PASSPORT COPY:
- 10.2 Copy of the insurance policy:
- 10.3 Account Statement – if applicable:
- 10.4 Copy of bank statement showing IBAN code:
- 10.5 Copy of the vehicle ownership certificate – if applicable:
- 10.6 Copy of the court decision – if applicable:
- 10.7 .....
- 10.8 .....
- 10.9 .....
- 10.10 .....
- 10.11 .....
- ...

## PART III

### Consent to processing of personal data

## 11. INTRODUCTION – DATA CONTROLLERS

By decision of the Court dated 30 July 2019, the District Court of Nicosia issued an order appointing Mr. Pavlos Nacouzi and the Official Receiver as the Company's joint Liquidators (collectively "the Liquidators"). The Liquidators are acting as Data Controllers in respect of physical persons (creditors) of the company Olympic Insurance Company Limited.

## 12. PURPOSE OF COLLECTION AND PROCESSING

The Liquidators, their representative, associates and advisors, intend to collect and process categories of personal data that concern you as part of their examination of your claim as a creditor of Olympic Insurance Company Limited. Please note that the collection and processing of specific categories of personal data is necessary for the examination of claims by the Liquidators. If no consent is provided, we could find ourselves unable to examine and satisfy your claim.

## 13. NOTICE TO THE CREDITORS OF OLYMPIC INSURANCE CO LIMITED

When the Liquidators collect and process personal data, they ensure that this is done in a legal manner and that all necessary measures are taken to ensure data security. Please read carefully the information contained in the document titled "invitation to lodge a claim, time limits to be observed, PART IV, Information to Creditors regarding the processing of their personal data" which can be downloaded from the following link:  
[www.olympicins.bg](http://www.olympicins.bg)

and which contains more details about the processing of personal data.

## 14. CATEGORIES OF PERSONAL DATA COLLECTED AND PROCESSED;

The Liquidators will collect and process the following categories of personal data required for the settlement of creditors' claims:

- General identification of creditor (e.g. name and surname, copy of identity card).
- Contact details of creditor (e.g. address, telephone number, e-mail address).
- Bank account details for the purpose of any distribution (e.g. IBAN, BIC).

- Details of creditor's insurance cover (e.g. insurance policy number etc.).
- Details of motor vehicles involved (e.g. vehicle registration number etc.).
- Details of accident (e.g. date of accident)
- Health data (e.g. personal injury data)

**THE POSSIBLE RECEIVERS OF YOUR PERSONAL DATA**

The personal data may be processed by the Liquidators, their representatives, associates and advisors or by any third party who undertake either on the Liquidators' behalf, or in satisfaction of an independent obligation of his own, to process claims against the Company.

Furthermore, the Liquidators may transmit your personal data to third countries that may not possess a satisfactory level of personal data protection.

The Liquidators shall take measures to safeguard that the personal data which are transmitted and processed by third parties are subject to satisfactory protection.

**15. REVOCATION OF CONSENT**

Should you wish to revoke your consent you should notify us in writing to the address: Pavlos Nacouzi, 2 Romanou Street, Tlais Tower, 1st Floor, 1070 Nicosia, Cyprus or to the electronic address: [pavlos.nacouzi@mazars.com.cy](mailto:pavlos.nacouzi@mazars.com.cy)

**16. DECLARATION OF CONSENT**

**I have read the contents of this document" and consent to the collection and processing of the above-mentioned categories of personal data by the Liquidators for the above-mentioned purposes.**

**Name and Surname:**.....

**Date:**.....

**Signature:**.....

**PART IV**

**Declaration**

I declare under oath that the information provided in this application is true and complete to the best of my knowledge

Name .....

Place .....

Date .....

Signature .....

**Certification**

Sworn and signed before me on .....

.....

Signature and stamp of Court Registrar/Notary Public

**FOR OFFICIAL USE**

Amount admitted for voting purposes € .....

Date: .....

Signature: Official Receiver or Liquidator



Amount admitted for distribution purposes € .....

Date: .....

.....

Signature: Liquidator