

Norma 24/09-oct-2019 privind Fondul de garantare a asiguratilor (traducere)

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Norma 24/09-oct-2019 (traducere) privind Fondul de garantare a asiguratilor (traducere)

Data act: 9-oct-2019

Emitent: Autoritatea de Supraveghere Financiara

In accordance with the provisions of Article 2(1)(b), Article 5(b) and Article 6(2) of the Government Emergency Ordinance no. 93/2012 on the establishment, organization and functioning of the Financial Supervisory Authority, approved with amendments and completions by Law no. 113/2013, as subsequently amended and supplemented,

pursuant to the provisions of Article 30 paragraph (1) of Law no. 213/2015 on the Insured Guarantee Fund, with subsequent amendments and completions,

based on the provisions of Articles 3, 6, 7 (1), 8 (1), 12, 14 and 15 of Law no. 213/2015 on the Insured Guarantee Fund, with subsequent amendments and completions,

based on the provisions of Article 173(1)(t) and Article 179(4) of Law no. 237/2015 regarding the authorization and supervision of the insurance and reinsurance activity, with subsequent amendments and completions,

following the deliberations of the Board of the Financial Supervisory Authority of 9 October 2019,

The Financial Supervisory Authority issues the following rule:

CHAPTER I: Establishment, destination and use of the Insured Guarantee Fund

Article 1

This rule regulates:

- a) the procedures for setting up the Insured Guarantee Fund, hereinafter referred to as the Fund, for the administration and use of its financial resources, the procedure and conditions for making payments from its availabilities, as well as other provisions regarding the manner in which the Fund fulfils the obligations provided by Law no. 213/2015 on the Insured Guarantee Fund, with subsequent amendments and completions, hereinafter referred to as Law no. 213/2015;
- b) the obligations of the insurers provided for in Article 3 of Law no. 213/2015 regarding the calculation method and the terms of payment of the contributions due to the Fund according to the law, the content of the reports to the Fund and the deadlines for their transmission, as well as other provisions regarding the manner of fulfillment by insurers of the obligations provided by Law no. 213/2015.

Article 1¹

The insurers shall submit, at the request of the Fund, all the information necessary for the preparation of the Register of insurers contributing to the Fund, provided for in Article 3 paragraph (3) of Law no. 213/2015.

Article 2

[the text of Article 2 of Chapter I was repealed on 23-Feb-2022 by Article I, point 4. of Rule 6/2022]

Article 3

(1) The percentage rates established according to the provisions of Article 6 of Law no. 213/2015 is applied to the volume of gross premiums collected from the direct insurance activity, based on their monthly accounting records, separately on the two categories of insurance, respectively general insurance and life insurance, in order to determine:

- a) the contribution provided for in Article 6(1)-(4) of Law no. 213/2015, hereinafter referred to as permanent contribution;
- b) of the special contribution provided for in Article 6(5)-(8) of Law no. 213/2015.

(2) The gross premiums collected indicator has the meaning provided in the Regulation of the Financial Supervisory Authority no. 16/2014 on the revenues of the Financial Supervisory Authority, republished.

Article 4

(1)The contributions provided for in Article 3(1) due to the Fund by insurers shall be transferred monthly, in the national currency - leu, at the latest by the 15th of each month for the previous month, to its account.

(2)For the non-payment on time of the contributions due to the Fund, except for special contributions, insurers are obliged to pay interest and/or late payment penalties, in accordance with the provisions of Article 9 paragraph (4) of Law no. 213/2015.

(3)In the event that the insurer transfers a cumulative amount, consisting of the contribution due and interest and/or late payment penalties, the explanations highlight the two amounts separately.

Article 5

The insurers may carry out regularization and/or compensation operations of the amounts transferred to the Fund, these being highlighted in the reports provided in Annex no. 1 and/or in Annex no. 2.

Article 6

(1)The insurers shall submit monthly to the Fund, until the 15th of each month, for the previous month, the reports on the contributions due and paid to the Fund, prepared according to Annex no. 1.

(2)If the insurers submit corrective statements, they shall prepare them in the form provided in Annex no. 2; For a reporting period, only one corrective statement is allowed for each of the contributions provided for in Article 3(1), submitted by the deadline for submitting the next report, except for the reporting for December, for which the transmission of the corrective statement within 120 days from the end of the financial year is accepted.

Article 7

In order to recover the amounts owed by the insurers to the Fund, the General Manager of the Fund shall issue the act provided for in Article 9(1) of Law no. 213/2015 and which will include the method of calculating the amount due.

Article 8

The fund does not take over the functions of an insurer and is not obliged to confirm the validity of insurance policies issued by insurers, to issue a certificate of registered damages or to formulate compensation offers.

Article 9

(1)The mandates granted according to the provisions of Article 2(2) and (2¹) of Law no. 213/2015 may

concern the management by the trustee, in his own name, but on behalf of and on behalf of the Fund, of the requests made by insurance creditors who have their habitual residence, domicile or principal office on the territory of a Member State, other than Romania.

(2)The subject matter and limits of the mandates referred to in paragraph (1) may concern, at least, the power of attorney to:

- a)transmits the information regarding the necessary steps to obtain the compensation/indemnities due from the Fund;
- b)to receive and register the requests for the opening of the damage files and the declaration of damages, as well as the payment requests made by any person who claims an insurance claim against the insurer in insolvency;
- c)to receive and register petitions, notifications and complaints formulated by the petitioners and to formulate a response within the term and form previously agreed with the Fund;
- d)verify the fulfillment of the conditions for engaging the contractual civil liability of the insurer in insolvency;
- e)ascertaining the damage and assessing the amount of compensation/indemnities;
- f)request the completion of the documentation submitted in justification of the amounts claimed.

CHAPTER II:Income and expenditure budget of the Fund

Article 10

The income and expenditure budget is verified in execution according to internal practices and procedures; the budget execution shall be verified and approved by the Director General of the Fund and shall be sent quarterly to the Board of Directors of the Fund for information, as well as, in accordance with Article 12(5)(a), to the Financial Supervisory Authority, hereinafter referred to as the A.S.F.

Article 11

(1)The income and expenditure budget of the Fund includes:

a)on the revenue side: the financial resources provided for in Article 5(1)(a)-e) and g) of Law no. 213/2015;

b)On the expenditure side:

1. expenses related to the payment of indemnities/indemnities due to insurance creditors, including, but not limited to, expenses generated by the ascertainment, instrumentation and liquidation of claim files, as well as amounts due to insurance creditors as a result of the termination of insurance

contracts;

2. expenses with the organization, administration and functioning of the Fund for the exercise of the duties provided by law.

(2)[the text of Article 11(2) of Chapter II was repealed on 23-Feb-2022 by Article I, point 12. of Rule 6/2022]

CHAPTER III: Reporting and transparency obligations of the Fund

Article 12

(1)The Fund shall prepare and transmit to the FSA the periodic situations and reports provided for in paragraphs (2) to (6); They shall be submitted on paper, and those referred to in paragraphs (5) and (6) shall also be submitted in electronic format in the A.S.F. - EWS application.

(2)The annual financial statements submitted to the FSA according to Article 24 letter a) item (vii) of Law no. 213/2015 and the regulations issued by the FSA regarding the end of the financial year are accompanied by the annual activity report.

(3)In addition to the reports mentioned in paragraph (2), the Fund shall annually send to the FSA:

a)the report on the internal audit missions, including its findings and recommendations for solving the deficiencies, the situation regarding the implementation of the measures ordered in the previous audit reports;

b)the internal audit plan for the current year;

c)the report on the internal control actions of the previous year, including the findings resulting from the control and monitoring process and the proposed action measures;

d)the income and expenditure budget for the current year, approved by the Board of Directors of the Fund.

(4)The reports referred to in paragraph (3)(b) and (d) shall be submitted by 31 January of the current year, and the reports referred to in paragraph (3)(a) and (c) shall be submitted by the end of March of the year following the year for which the report is made.

(5)Quarterly, the Fund submits the following reports to the FSA:

a)The execution of the income and expenditure budget, in the form provided in Annex no. 3, by the end of the month following the quarter for which the reporting is made;

*) The term provided for in Article 12(5)(a) of the Financial Supervisory Authority's Rule on the Insureds' Guarantee Fund no. 24/2019, regarding the quarterly report prepared by the Insured

Guarantee Fund for the reference date of March 31, 2020, is extended until June 2, 2020.

b) the statements of the contributions due and transferred to the Fund by the insurers, in the forms provided in Annex no. 4, respectively in Annex no. 4¹, within 45 days from the end of the quarter for which the report is made.

(6) Monthly, at the latest until the 15th of the month following the month for which the report is made, the Fund shall send to the A.S.F.:

a) the situation regarding the payments made by the Fund to the insurance creditors of the insurer in insolvency, in the form presented in Annex no. 5;

b) the statement of the financial resources of the Fund, in the form presented in Annex no. 6.

Article 13

The Fund sends reports to the FSA in relation to any event likely to affect its functioning.

Article 13¹

In order to approve the selection procedure provided for in Article 12 paragraph (3) of Law no. 213/2015, the Fund includes at least the following:

a) the Fund's obligation to ensure that the entities to be selected:

(i) have the necessary competence and capacity to carry out satisfactorily the tasks set out in the Convention, taking into account the legal purpose and objectives of the Fund;

(ii) is not in a conflict of interest that jeopardizes the fulfillment of the Fund's purpose and legal objectives or the interests of insurance creditors;

b) the fact that the agreements concluded with the selected entities clearly specify at least the following:

(i) the duties and responsibilities of both parties involved;

(ii) the frequency and manner of transmitting to the Fund the information on the activity carried out under the Convention;

(iii) the obligation of the entity to inform the Fund of any developments that could have a significant impact on its competence to carry out its tasks set out in the Convention;

(iv) the protection by the entity of confidential information relating to the Fund and the data to which it has access through the execution of the agreement;

(v) a notice period for termination of the contract by the entity long enough to allow the Fund to find an alternative solution;

(vi) the possibility for A.S.F. to request directly from the entity information necessary for the supervision process, requests to which it has the obligation to respond.

CHAPTER IV: Procedure for opening and handling claims files

Article 14

In application of the provisions of Article 12 (1) and (1¹) of Law no. 213/2015, persons who invoke claims against the insurer as a result of the occurrence of risks covered by a valid insurance policy may request the opening of the claim file by filling in an application according to the model provided in Annex no. 7 and its transmission to the Fund; The model provided in Annex no. 7 is indicative and can be adapted.

Article 15

(1) The application provided for in Article 14, completed and signed by the petitioner, may be submitted:

- a) directly to the Fund;
- b) entities with which the Fund has concluded agreements, cooperation agreements and/or mandates, in accordance with the provisions of Article 2(2) and (2¹) and Article 12(3) of Law no. 213/2015.
- c) (the text of Article 15(1)(C) of Chapter IV was repealed on 19 June 2023 by Article I(11) of Rule 24/2023)

(2) The Fund shall inform the petitioners of information in relation to the contact details of the entities referred to in paragraph (1).

Article 16

The opening of the damage file and the ascertainment of damages are carried out as follows:

- a) following the registration of the application provided for in Article 14, the Fund, directly or through its representatives, shall contact the petitioner within a reasonable period of time, in order to ascertain the damages and assess the damages;
- b) The petitioner declares in writing the occurrence of the insured event, by filling in the declaration regarding the event, according to Annex no. 8;
- c) the damage assessment report is drawn up by the damage assessment specialist within the Fund or by its representatives, in the case of cooperation conventions/agreements, in compliance with the legal provisions in force, in the case of mandatory insurance, or the insurance conditions related to the contract on the basis of which the event was notified, in the case of optional insurance;
- d) the ascertainment of damages is made on the basis of the documents attesting to the occurrence of the

insured event, issued by the competent public authorities, such as those provided for in Article 39(4) of Law no. 213/2015 or other bodies empowered according to the law, or other documents showing the causes and circumstances of the event, such as the amicable accident report, the insured's statement or other similar documents, according to the law;

e)(the text of Article 16, point E. of Chapter IV was repealed on 23-Feb-2022 by Article I, point 17. of Rule 6/2022)

f)the supporting documents are submitted in Romanian, and if they are drafted in a foreign language, they are submitted accompanied by the translation authorized according to the law;

g)the report of ascertainment of the damages is sent to the petitioner and is attached to the damage file;

h)at the request of the petitioner or the repair unit, the Fund or its representatives, in the case of cooperation conventions/agreements, shall make additional findings of the damages whose detection was not possible at the time of the initial finding.

i)for the requests for opening the damage files provided for in Article 14, on the basis of a mandatory motor civil liability insurance, the damage representing the lack of use of the damaged vehicle shall be calculated in accordance with the provisions of Article 25 of the Financial Supervisory Authority Rule no. 20/2017 on motor insurance in Romania, with subsequent amendments and completions.

Article 17

The determination and evaluation of compensations/indemnities is carried out as follows:

a)following the registration of the payment request, the assessment of the right to compensation/indemnity and its amount is carried out by the Fund, directly or through agents, based on the documents existing in the claim file and in accordance with the provisions of the law and the general and specific insurance conditions provided in the insurance contract on the basis of which the payment claim was made;

b)if the analysis of the claim file results in the need to supplement it with additional documents, the Fund shall send a written request to the petitioner in this regard;

c)in the event that there are good reasons to doubt the occurrence of the insured risk, the Fund may carry out investigations regarding the right to compensation/indemnity and its amount, including on the basis of expert reports prepared by authorized experts at the request of the Fund;

d)after the approval of the damage file by the specialized directorates within the Fund, it shall be submitted to the special commission set up pursuant to Article 12³ of Law no. 213/2015.

CHAPTER V: Procedure and conditions for making payments from the Fund's availabilities. Ways of recovering the amounts paid from the Fund

Article 18

The Fund publishes on its own website, according to the provisions of Article 13 paragraph (2) of Law no. 213/2015, information regarding general data regarding the Fund, the applicable legal framework, the conditions and methods of making payments, data regarding the documents, conditions and formalities that must be fulfilled in order to collect the compensation/indemnity or premium refund.

Article 19

(1) In application of the provisions of Article 12² of Law no. 213/2015, the Fund takes over the respective records and documents on the basis of a report concluded with the legal representative of the insurer, respectively with the representative of the branch of the European insurer.

(2) The legal representatives or representatives shall declare through the minutes provided for in paragraph (1) that the records are true, complete and correct.

(3) The Fund verifies the data presented in the records taken, including the correlations between these data, the claim files and the insurance contracts in force; Any errors will be brought to the attention of the insurer and the judicial liquidator, after his appointment.

Article 20

(1) In order to collect the amounts due from the Fund, any person claiming an insurance claim shall fill in a reasoned payment request in this regard, based on the model provided in Annex no. 9 for premium refunds, respectively in Annex no. 10 for compensation/indemnities, under the conditions of Article 14 of Law no. 213/2015.

(2) (the text of Article 20(2) of Chapter V was repealed on 23-Feb-2022 by Article I, point 23 of Rule 6/2022)

(3) The payment request provided for in Article 14(1) and (2) of Law no. 213/2015 can also be submitted to the representatives appointed by the Fund for this purpose.

(4) [the text of Article 20(4) of Chapter V was repealed on 23-Feb-2022 by Article I, point 23. of Rule 6/2022]

(5) In the payment request, the petitioner declares on his own responsibility, under the sanctions provided by the Criminal Code, whether the amount claimed from the Fund has been collected in the bankruptcy proceedings and/or following the exercise of other actions for the recovery of the amounts due, directed against the debtor insurer against whom the state of insolvency has been established.

(6) The Fund requests additional information and documents from the judicial liquidator appointed in the insurer's bankruptcy file, when the analysis of the payment request shows that they are necessary.

(7)The lists provided for in Article 15(1) of Law no. 213/2015 shall be drawn up after the verification and approval of the damage files by the specialized directorates of the Fund, as well as after the verification and analysis of the information and documents provided for in Article 12² paragraph (1)-(3) of Law no. 213/2015, received from the insurer, those referred to in paragraph (6), if applicable, and in Article 25 or 25¹, if they were received from the judicial liquidator.

(8)The Special Commission may verify, by means of a sample, the payment requests and the related documentation and, in all cases in which it deems it necessary, may order the reverification of the payment requests and the supporting documentation, with the application, if applicable, of the provisions of Article 16 of Law no. 213/2015.

(9)(the text of Article 20(9) of Chapter V was repealed on 23-Feb-2022 by Article I, point 23 of Rule 6/2022)

Article 20¹

(1)The enforceable title stating insurance claims not capitalized in the bankruptcy proceedings or in other enforcement proceedings provided for by law shall be sent to the Fund, in order to verify it and, as the case may be, to capitalize on it, by paying the amounts due from the Fund, under the conditions of this rule and the relevant legal provisions.

(2)The enforceable title is accompanied by the request for payment made by the petitioner, in compliance with the deadline provided by Article 14(1) of Law no. 213/2015.

Article 21

The amounts due to the insurance creditors shall be paid to them according to the conditions provided in the insurance contracts concluded with the insolvent insurer, in accordance with the legal provisions and of this rule.

Article 22

Payments to a person other than the insurance creditor may be made at the request of the insurance creditor, in compliance with the applicable legal provisions in question.

Article 23

(1)The payment of receivables in foreign currency, provided for in Article 15 paragraph (3) of Law no. 213/2015, the following can be carried out:

a)in the national currency, by converting into lei the amount expressed in the currency of the claim, at the exchange rate communicated by the National Bank of Romania on the day of payment;

b) in the currency of the claim, either from accounts opened by the Fund in this currency or from other accounts of the Fund by converting the amount to the exchange rate of the credit institution.

(2) The amounts due to insurance creditors can be paid by the Fund by mail up to the amount of RON 5,000 and/or by credit institutions that have the right to carry out activity on the territory of Romania, according to the law.

Article 24

(1) In application of the provisions of Article 18 of Law no. 213/2015, the amounts paid to the insurance creditors, together with the proof of their payment, are registered as insurance claims in the bankruptcy file registered with the competent court; the recovery of the Fund's claims is made by capitalizing on the assets and/or rights and revenues of the debtor insurance company, under the conditions of Law no. 213/2015, of Law no. 85/2014, as subsequently amended and supplemented, and of Law no. 287/2009 on the Civil Code, republished, with subsequent amendments.

(2) (the text of Article 24(2) of Chapter V was repealed on 23-Feb-2022 by Article I, point 27 of Rule 6/2022)

(3) If the petitioner has followed the bankruptcy procedure of the insurer prior to the request addressed to the Fund, in the payment request he will specify the amount requested from the insolvency estate, and in the situation where, at the time of submitting the payment request to the Fund, the petitioner had been distributed an amount in the bankruptcy procedure, he will also specify in the payment request the amount of the amount collected; if, after submitting the payment request to the Fund, the petitioner registers with the insolvency estate of the bankrupt insurer, it will notify the Fund.

(4) The Fund may proceed to offset its claims with those of the debtor insurance company with the approval of the A.S.F. and with the approval of the syndic judge, according to the provisions of Article 257 paragraph (1) letter d) of Law no. 85/2014, as subsequently amended and supplemented; The Fund may award on account of its claim consisting of the amounts provided for in Article 18(2) and (3) of Law no. 213/2015, as a privileged creditor, the assets of the debtor insurance company, under the conditions provided for in Article 850 paragraph (2) of Law no. 134/2010 on the Code of Civil Procedure, republished, with subsequent amendments and completions.

(5) Paragraphs 1, 3 and 4 shall be duly applied by the Fund in the insolvency-based liquidation procedure of the European insurer, in compliance with the law of its home State.

CHAPTER VI: Provisions specific to the bankruptcy procedure of the insurance company

Article 25

(1) Pursuant to Article 258(4) of Law no. 85/2014, as subsequently amended and supplemented, the judicial liquidator appointed in the bankruptcy file shall submit to the Fund the report provided for in Article 258(1)(a) of the same law, as well as a detailed report on the situation of the debtor insurance company's assets/income and on the status of the liquidation procedure.

(2) The report of the judicial liquidator referred to in paragraph (1) shall also include the following:

- a) the situation of insurance claims registered in the bankruptcy file, in compliance with the provisions of Law no. 85/2014, as subsequently amended and supplemented, specifying the name/name of the insurance creditors, the amount of the claims admitted and registered with the insurer's insolvency estate, as well as the order of priority/privilege/legal guarantee enjoyed by these claims;
- b) the situation of insurance claims registered in the bankruptcy file, in compliance with the provisions of Law no. 85/2014, as subsequently amended and supplemented, specifying the insurance creditors whose claims have not been admitted by the judicial liquidator in the amount requested by them or, as the case may be, whose claims have been rejected for payment; the provisions of letter a) regarding the elements regarding creditors and insurance claims shall be applied accordingly;
- c) the situation of the insurance claims related to the damage files existing in the records of the debtor insurance company, approved for payment by it, but not registered in the bankruptcy file under the conditions of Law no. 85/2014, as subsequently amended and supplemented;
- d) the situation of insurance claims related to the damage files existing in the records of the debtor insurance company, not approved for payment by it and not registered in the bankruptcy file under the conditions of Law no. 85/2014, as subsequently amended and supplemented;
- e) the situation of insurance claims that have been/are the subject of compensation operations or arrangements or, as the case may be, of disputes pending before the competent courts at the date of drawing up the report; the judicial liquidator shall specify the identification elements of the insurance creditors and their claims, corresponding to the provisions of letter a);
- f) the proposals of the judicial liquidator regarding the concrete modalities of liquidation of the assets and/or rights from the patrimony of the debtor insurance company, provided for in Article 258 paragraph (1) letter q) of Law no. 85/2014, as subsequently amended and supplemented, as well as/or the measures taken by it.

(3) Once the report drawn up in accordance with paragraphs (1) and (2) is submitted, the judicial liquidator shall make available to the Fund the claim files and all the related documents/documentation recorded in its records, as well as, as the case may be, a copy of the final table of claims drawn up in the bankruptcy proceedings.

Article 25¹

In the event of the bankruptcy of the European insurer, the Fund may apply to the judicial liquidator appointed in its home Member State, in accordance with Article 280(2) of Directive 2009/138/EC of the European Parliament and of the Council of 25 November 2009 on the taking-up and pursuit of the business of insurance and reinsurance (Solvency II), for the insurance activity carried out on the territory of Romania through the branch, the following:

- a) claims files;
- b) the documents/documentation related to the damage files registered in its records, as the case may be;
- c) a copy of the final table of claims drawn up in the insolvency-based liquidation procedure;
- d) the report of the judicial liquidator, as the case may be.

Article 26

Following the registration and analysis of the report and the statements submitted by the judicial liquidator in accordance with Article 25 or 25¹, the Fund may proceed to redraw the lists of insurance creditors referred to in Article 20(7).

Article 27

(the text of Article 27 of Chapter VI was repealed on 19 June 2023 by Article I, point 20. of Rule 24/2023)

CHAPTER VII: Final provisions

Article 28

(1) The verification of the manner in which the insurers set up the contributions due to the Fund and their transfer on time, as well as the verification of the data contained in the monthly reports are made by the FSA, in accordance with the provisions of Law no. 237/2015 on the authorization and supervision of the insurance and reinsurance activity, with subsequent amendments and completions, of Law no. 213/2015, as well as of the norms issued in application of these normative acts.

(2) Failure to comply with the provisions of this norm shall be found and sanctioned in accordance with the provisions of Law no. 213/2015 and Law no. 237/2015, as subsequently amended and supplemented.

Article 29

In case of finding the existence of indications regarding the commission of crimes, the Fund notifies the competent bodies.

Article 30

Annexes no. 1-10 are an integral part of this rule.

Article 31

This norm shall be published in the Official Gazette of Romania, Part I, and shall enter into force on the date of its publication.

Article 32

On the date of entry into force of this rule, the Financial Supervisory Authority's Rule no. 16/2015 on the Insured Guarantee Fund, published in the Official Gazette of Romania, Part I, no. 667 of 2 September 2015, with subsequent amendments and completions.

The President of the Financial Supervisory Authority,

Leonardo Badea

ANNEX no. 1:REPORT on the contributions due and transferred to the Insured Guarantee Fund for the month

Name of the company/branch:

Headquarters of the company/branch: str. no., bl., sc., ap., sector/county

Contact person

..... phone, e-mail

- LEI -

Crt. no.	Specifications	Year-to-date cumulative total 1)	Of which for reporting month 2)	Number and date of payment document 3)
0	1	2	3	4
1.	Gross premiums received from direct insurance ⁴⁾ :			X
	- non-life insurance			X
	- life insurance			X
2.1.	The percentage rate of the permanent contribution, established for:	X		X
	- non-life insurance			
	- life insurance			
	Permanent contribution due - total, of which for:			X

2.2.	- non-life insurance			X
	- life insurance			X
2.3.	Interest and late payment penalties due			X
2.4.	Amount transferred - total, of which:			
2.5.	- related to the permanent contribution due - total, of which for:			
	- non-life insurance			
	- life insurance			
2.6.	- related to interest and late payment penalties due			
3.1.	The percentage rate of the special contribution, established for:			
	- non-life insurance	X		X
	- life insurance			
3.2.	Special contribution due - total, of which for:			X
	- non-life insurance			X
	- life insurance			X
3.3.	Special contribution paid - total, of which:			
	- non-life insurance			
	- life insurance			

The undersigned,, as [Chief Executive Officer/Branch Trustee⁵⁾], knowing the provisions of Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented, declare on my own responsibility that all information and documents are complete and in accordance with reality and that there are no other relevant facts that must be brought to the attention of the Insured Guarantee Fund.

1) Column 2 shows the gross premiums collected, cumulated since the beginning of the year, including those related to the month for which the report is made.

2) Column 3 shows the gross premiums received for the month for which the report is made.

3) Whenever transfers are made, a copy of the payment document will also be sent, with the following specifications: the total amount transferred, of which: related to the contribution due to the Insured Guarantee Fund, related to the interest and late payment penalties due and the month for which the transfer is made.

4) In the case of the European insurer, the gross premiums collected as a result of carrying out the insurance activity on the territory of Romania through the branch established in Romania will be supplemented.

5) It shall be completed by the executive director in the case of the insurer authorised by the Financial Supervisory Authority and by the trustee in the case of the European insurer.

Name and surname

.....

(in capital letters)

Signature

**ANNEX no. 2: CORRECTIVE SITUATION regarding the contributions due and transferred to
the Insured Guarantee Fund for the month**

Name of the company/branch:

Headquarters: str. no., bl., sc., ap., sector/county

.....

Contact person

..... phone, e-mail

- LEI -

Crt. no.	Specifications	Originally reported amount ¹⁾	Corrected amount ²⁾	Difference (+/-)	Number and date of payment document ³⁾
0	1	2	3	4 (3 - 2)	5
1.	Gross premiums received from direct insurance ⁴⁾ :				X
	- non-life insurance				
	- life insurance				
2.1.	The percentage rate of the permanent contribution, established for:			X	X
	- non-life insurance				
	- life insurance				
2.2.	Permanent contribution due - total, of which for:				X
	- non-life insurance				
	- life insurance				
2.3.	Interest and late payment penalties due				X
2.4.	Amount transferred - total, of which:				
2.5.	- related to the permanent contribution due - total, of which for:				
	- non-life insurance				
	- life insurance				
2.6.	- related to interest and late payment penalties due				
3.1.	The percentage rate of the special contribution, established for:			X	X
	- non-life insurance				
	- life insurance				
3.2.	Special contribution due - total, of which for:				X
	- non-life insurance				
	- life insurance				

3.3.	Special contribution paid - total, of which:				
	- non-life insurance				
	- life insurance				

The undersigned,, as [Chief Executive Officer/ Branch Trustee⁵⁾], knowing the provisions of Law no. 286/2009 on the Criminal Code, as subsequently amended and supplemented, declare on my own responsibility that all information and documents are complete and in accordance with reality and that there are no other relevant facts that must be brought to the attention of the Insured Guarantee Fund.

1) In column 2, the initial declared value of the gross premium received, related to the month for which the rectification is made, is entered.

2) In column 3, the rectified value of the gross premium received, related to the month for which the rectification is made, is entered.

3) Whenever transfers are made, a copy of the payment document will also be sent, with the following specifications: the total amount transferred, of which: related to the contribution due to the Insured Guarantee Fund, related to the interest and late payment penalties due and the month for which the transfer is made.

4) In the case of the European insurer, the gross premiums collected as a result of carrying out the insurance activity on the territory of Romania through the branch established in Romania will be supplemented.

5) It shall be completed by the executive director in the case of the insurer authorised by the Financial Supervisory Authority and by the trustee in the case of the European insurer.

.....

Name and surname

.....

(in capital letters)

Signature

ANNEX no. 3: SITUATION regarding the execution of the income and expenditure budget as of

.....

The Insureds' Guarantee Fund, hereinafter referred to as the

INDICATOR NAME	Dear	Done
1	2	3
I. INCOME (1 + 2 + 3 + 4 + 5)		
1. Fund-specific income in relation to contributions (1.1 + 1.2)		
1.1. Income from contributions, of which:		
- Non-life insurance		
- Life insurance		
1.2. Unpaid interest income and penalties, of which:		
- Non-life insurance		
- Life insurance		
2. Income related to receivables recovered from the insolvency estate		
3. Other Fund-specific income		
4. Financial income		
5. Income from provisions and impairment adjustments		
II. EXPENDITURE (1 + 2 + 3 + 4 + 5 + 6)		
1. Fund-specific expenditure (1.1 + 1.2)		
1.1. Expenses for the payment of allowances/indemnities for:		
- Non-life insurance		
- Life insurance		
1.2. Expenses with the ascertainment, instrumentation and liquidation of claims files		
2. Personnel expenses (2.1 + 2.2 + 2.3)		
2.1. Staff salaries and management allowances		
2.2. Salary expenditure in kind		
2.3. Contributions		
3. Expenditure on goods and services (3.1 + 3.2 + 3.3 + 3.4 + 3.5 + 3.6 + 3.7 + 3.8 + 3.9 + 3.10 + 3.11 + 3.12 + 3.13 + 3.14 + 3.15)		
3.1. Consumables		
3.2. Goods of the nature of inventory objects		
3.3. Energy and water		
3.4. Maintenance and repairs		
3.5. Royalties and rents		
3.6. Insurance premiums		
3.7. Staff training		
3.8. Commissions and fees		
3.9. Protocol, Advertising and Publicity		
3.10. Transport		
3.11. Travel, secondments, transfers		
3.12. Post, telecommunications, radio, TV, internet		
3.13. Banking and similar services		
3.14. Other services performed by third parties		
3.15. Other taxes, fees and similar payments		
4. Other operating expenses		
5. Financial expenses		
6. Depreciation and amortization expenses, provisions and depreciation adjustments (6.1 + 6.2 + 6.3 + 6.4)		
6.1. Expenses with depreciation of fixed assets		
6.2. Expenditure on provisions constituted on account of expenditure		
6.3. Expenses related to adjustments for impairment of receivables		

6.4. Expenditure on specific provisions		
III. RESULT OF THE CURRENT FINANCIAL YEAR (I-II)		

Director-General,

**ANNEX no. 4:SITUATION¹⁾ of the permanent contributions due and transferred to the Insured
Guarantee Fund on**

- LEI -

Crt. no.	Name of insurer/branch	Gross premiums received from direct insurance ²⁾		Permanent contribution due to the Fund		Permanent contribution paid to the Fund		Interest and late payment penalties due	Interest and late payment penalties collected
		Non-life insurance	Life insurance	Non-life insurance	Life insurance	Non-life insurance	Life insurance		

1) It is reported cumulatively from the beginning of the year until the date of reporting, as it results from the reports submitted, in accordance with the legal provisions.

2) In the case of the European insurer, it refers to the gross premiums collected as a result of carrying out the insurance activity on the territory of Romania through the branch established in Romania.

**ANNEX no. 4¹⁾:SITUATION¹⁾ of the special contributions due and paid to the Insured Guarantee
Fund on**

- LEI -

Crt. no.	Name of insurer/branch	Gross premiums received from direct insurance ²⁾		Special contribution due to the Fund		Special contribution paid to the Fund	
		Non-life insurance	Life insurance	Non-life insurance	Life insurance	Non-life insurance	Life insurance

1) It is reported cumulatively from the beginning of the year until the date of reporting, as it results from the reports submitted, in accordance with the legal provisions.

2) In the case of the European insurer, it refers to the gross premiums collected as a result of carrying out the insurance activity on the territory of Romania through the branch established in Romania.

ANNEX no. 5: SITUATION regarding the payments made by the Insurance Creditors' Guarantee Fund, as of

1). Name of insurer/branch				
Crt. no.	Indicator	Non-life insurance	Life insurance	Total
	Total number of claims files, of which (pcs.):			
	a) taken over from the insurer (pcs.)			
	b) opened by the Fund, by the end of the reporting period (pcs.)			
	Number of payment claims registered, by the end of the reporting period, of which (pcs.):			
	a) related to the damage files (pcs.)			
	b) related to premium refunds (pcs.)			
	Number of applications fully approved for payment by the special committee, by the end of the reporting period, of which (pcs.):			
	a) related to the damage files (pcs.)			
	b) related to premium refunds (pcs.)			
	The value related to the applications fully approved for payment by the special commission, until the end of the reporting period, of which (lei):			
	a) related to the damage files (lei)			
	b) related to premium refunds (lei)			
	Number of payment claims paid during the reporting period, of which (pcs.):			
	a) related to the damage files (pcs.)			
	b) related to premium refunds (pcs.)			
	The amount of payments made during the reporting period, of which:			
	a) related to the damage files (lei)			
	b) related to premium refunds (lei)			
	Number of payment claims paid by the end of the reporting period, of which (pcs.):			
	a) related to the damage files (pcs.)			
	b) related to premium refunds (pcs.)			
	The value of payments made by the end of the reporting period, of which (lei):			
	a) related to the damage files (lei)			
	b) related to premium refunds (lei)			
	Number of payment requests rejected in full by the special committee, by the end of the reporting period, of which (pcs.):			
	a) related to the damage files (pcs.)			
	b) related to premium refunds (pcs.)			
	The value of the payment requests rejected in their entirety by the special committee, by the end of the reporting period, of which:			
	a) related to the damage files (lei)			
	b) related to premium refunds (lei)			

1) This report is completed for each insurer.

Name:

TOTAL	X	X	X	X	X	X	0	0	X
-------	---	---	---	---	---	---	---	---	---

*)The principal remaining to be collected on the reporting date is entered.

Name:

Function:

Signature:

Preparation date:

2. Titles issued by local public administration authorities on

Symbol/ISIN	Name of the issuing institution	The currency in which the security was issued	Name of the local public administration authority	Date of issue (DD/MM/YYYY)	Maturity date (DD/MM/YYYY)	Value in the currency in which the security was issued	Value according to accounting records (lei)	Face value ^{*)} (main)	Coupon Rate
1	2	3	4	5	6	7	8	9	10
TOTAL	X	X	X	X	X	X	0	0	X

*)The principal remaining to be collected on the reporting date is entered.

Name:

Function:

Signature:

Preparation date:

3. Deposits with credit institutions

Credit institution	Currency in which the deposit was constituted	Value in the currency in which the deposit was constituted	Amount of deposits ^{*)} at the reporting date (lei)	Date of establishment of deposits	Deposit maturity date	Interest to be collected at maturity (in the currency in which the deposit was constituted)	Interest to be collected at maturity (lei)
--------------------	---	--	--	-----------------------------------	-----------------------	---	--

1	2	3	4	5	6	7	8
TOTAL	X		0		X		0

*) For investments made in a currency other than the national currency, in order to calculate the RON equivalent, the exchange rate communicated by the National Bank of Romania and valid on the date for which the reporting is made will be used.

Name:

Function:

Signature:

Preparation date:

4. Availability in current accounts and cashier as of

Credit institution	The currency in which the account is opened	Available in current accounts in foreign currency	Available in current accounts in lei	Available at the cashier in foreign currency	Available at the cash desk in lei	Totally available (lei) (7 = 3 + 4 + 5 + 6)
1	2	3	4	5	6	7
TOTAL	X					

Name:

Function:

Signature:

Date of preparation:

ANNEX no. 7: APPLICATION for the opening of the claim file

(Model)

The undersigned,, domiciled in, str.
 no., bl., sc., et., ap., county/sector, legitimized with

would be no., issued by on, CNP, phone
....., e-mail

(in the case of legal persons/holding of a power of attorney/assignment of receivables)

representative of the

Societății/Mr(Mrs)....., with headquarters/domicile in, str.
..... no., bl., sc., et., ap., county/sector, CUI/
CNP, telephone/fax

based on the Mandatory Insurance Contract (Guilty Vehicle)/Optional Series no.,
concluded with the insurance company, valid from up to
.....; I request the opening of the damage file as a result of the occurrence of the insured
risk (car damage, bodily injury, home damage, property damage, performance
guarantees, aviation, maritime,) on

I request the ascertainment of the damages in the locality....., county/sector.....

Contact details: (phone/e-mail)

In the case of motor damage, it is specified whether the vehicle is movable: YES/NO

I attach hereto (if any):

copy of power of attorney/power of attorney/assignment;

copy of identity document;

copy of the amicable finding/report drawn up by the competent bodies;

copy of the insurance contract.

Date
Petitioner,
(name, surname)
(signature/stamp)

ANNEX no. 8:EVENT STATEMENT

Existing breakdowns

Date and time of presentation

Date time

Obtaining undue material benefits from insurance is punishable according to the Criminal Code.

Specialized Damage Inspector,

.....

Petitioner,

.....

EVENT STATEMENT

The undersigned,, son (daughter) of and, born on in, county/sector, domiciled in, str. no., bl., sc., et., ap., county/sector, CNP, legitimized with It would be no., issued by, telephone/fax, e-mail address, based on the Mandatory/Optional Insurance Contract series no., valid from Until, I declare on my own responsibility the following aspects regarding the causes and consequences of the occurrence of the insured event (car damage, theft, flood, fire, etc.).

Description of the event:

On, in, str. no., bl., sc., et., ap., county/sector, around

Consequences of the insured event:

.....

Date: .../.../...

Signature:

NOTE:

All the dotted spaces in the content of the declaration must be filled in correctly.

The following declarations will be filled in only in the case of car damages.

I declare on my own responsibility that following the road event they don't have the following persons have suffered bodily injuries (Surname, surname, address and bodily injuries will be mentioned) and or No damage was caused to other people:

.....

The vehicle is insured CASCO/RCA with Contract no., issued by the Company, valid from up to

Event details

Lighting conditions:	- daylight <input type="checkbox"/>	- low brightness <input type="checkbox"/>	- darkness <input type="checkbox"/>
Road condition:	- dry <input type="checkbox"/>	- other (wet, frozen, etc.) <input type="checkbox"/>	

Vehicle category (listed in the international insurance document):

- category "A" car
- category "B" motorcycle
- category "C" truck or tractor
- category "D" motor bicycle
- category "E" bus or coach
- category "F" trailer

Schematic presentation of the damages:

Avarii la autovehiculul condus de mine cu nr. de
înmatriculare

Avarii la celălalt autovehicul cu nr. de
înmatriculare



Schematic presentation of the accident/event:



The event was also announced to the Police, which concluded the Minutes of
the series no., Repair Authorization Series no., from/...../.....

The culprit of the event is, domiciled in
....., county/sector, str. no., bl.,
sc., et., ap., the phone, who drove the vehicle with no., insured
RCA at Societatea, with the series policy no., valid from the
..... .

I declare on my own responsibility, under the sanction provided by Article 326 of Law no. 286/2009
regarding the Criminal Code, with subsequent amendments and completions, regarding the false
statements, that we have not submitted the Amicable Accident Finding form, a copy of it and any other
document of approval/notification/request/notification to any other insurer, in order to obtain
compensation.

Date:/..../.....

Signature

ANNEX no. 9: PAYMENT REQUEST regarding the granting of the premium refund

The undersigned,, domiciled in, str.
..... no., bl., sc., et., ap., county/sector
....., legitimized with It would be no., issued by
on, CNP, phone, e-mail:

(in the case of legal persons/holding of a power of attorney)

representative of the

The Company/Mr. (Mrs), with headquarters/domicile in
....., str. no., bl., sc., et., ap.,
county/sector, CUI/CNP, telephone,
e-mail

following the denunciation/termination of the Mandatory/Optional Insurance Contract series no.
....., concluded with the Insurance Company, valid from
..... On the date of

Please approve the payment of the refund of the insurance premium, in the amount of
..... her.

- I request that the payment be made:

in the account no., opened at Banca, in the name
.....;

by mail, at, str. no., bl., sc., et.,
ap., county/sector

I attach hereto:

power of attorney, if applicable;

copy of identity document;

copy of the insurance policy;

copy of proof of payment of insurance premiums;

proof of denunciation of the insurance contract registered/sent to the insurer;

updated certificate of ascertainment issued by the Trade Register Office (in the case of legal
entities);

Other documents in support of the application:

On my own responsibility in supporting the supporting documents, knowing the provisions of Article

326 of the Criminal Code regarding false statements, I declare that all the information/documents attached to the request for the granting of the premium refund correspond to reality.

I specify that during the period of validity of the insurance contract no. damage files were/were not approved.

I mention that there is/is no real lien or guarantee in relation to the claim (special privileges, real estate mortgage, movable mortgage, pledge, right of retention), namely

I declare on my own responsibility that I have/have not concluded a contract for this type of insurance with another insurance company and I have/have not received the indemnity/compensation related to the object of the contract mentioned above.

I declare on my own responsibility that on the date of submission of this payment request I have not followed/followed the bankruptcy procedure of the insurer and I have not collected/collected from the insolvency estate/following other recovery actions exercised against the insurer an amount in the amount of

I declare on my own responsibility that I am unable to present the following supporting documents in copy, certified copy:

..... Because
.....

Date

Signature/Stamp

ANNEX no. 10: PAYMENT REQUEST regarding the granting of compensations/indemnities

The undersigned,, domiciled in, str.
..... no., bl., sc., et., ap., county/sector
....., legitimized with It would be no., issued by
on, CNP, phone, e-mail:

(in the case of legal persons/holding of a power of attorney/assignment of receivables)

representative of the

The Company/Mr. (Mrs), with headquarters/domicile in

....., str. no., bl., sc., et., ap.,
county/sector, CUI/CNP, telephone,
e-mail,

following the occurrence of the insured risk on, based on the Mandatory Insurance
Contract (Motor Fault)/Optional Series no., concluded with the
..... Insurance Company, valid from On the date of
.....,

for which there is a claim file no. opened by the

* following the redemption of the Life Insurance Contract series no.

Please approve the payment of the indemnity/compensation, in the amount of her.

I request that the payment be made:

in the account no., opened at Banca, in the name
.....;

- by mail, at, str. no., bl., sc., et.,
ap., county/sector

I attach hereto:

power of attorney/power of attorney/assignment of receivable, if applicable;

copy of identity document;

copy of the insurance policy;

copy of registration certificates/property deed of the damaged property;

in original the amicable finding/report drawn up by the competent bodies;

original repair estimate;

in original Invoice no.;

updated certificate of ascertainment issued by the Trade Register Office (in the case of legal

entities);

Other documents in support of the request:

On my own responsibility in supporting the supporting documents, knowing the provisions of Article 326 of the Criminal Code regarding false statements, I declare that all the information/documents attached to the request for payment of the indemnity/compensation correspond to reality.

I mention that there is/is no real lien or guarantee regarding the claim (special privileges, real estate mortgage, movable mortgage, pledge, right to retention), namely

I declare on my own responsibility that I have/have not concluded a contract for this type of insurance with another insurance company and I have/have not received the indemnity/compensation related to the object of the contract mentioned above.

I declare on my own responsibility that on the date of submission of this payment request I have not followed/followed the bankruptcy procedure of the insurer and I have not collected/collected from the insolvency estate/following other recovery actions exercised against the insurer an amount in the amount of

I declare on my own responsibility that I am unable to present the following supporting documents in copy, certified copy: because

Date
Signature/stamp

* Fill in as appropriate.

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