

PAYMENT REQUEST
regarding the payment of compensations/benefits

The undersigned, residing in, str. no., bl. entrance, floor, apartment., county/district., legitimated with series. no., issued by. on., CNP

Telephone number: E-mail.

(In case of legal entities/mandates/debt assignments)

Representative of
the company/Mr.(Mrs.), having the headquarters/residence in., str. no., bl. entrance, floor, apartment., county/district., CUI/CNP Telephone number: E-mail.,

following the occurrence of the risk insured since., based on the mandatory insurance contract (culpable driver)/optional insurance contract series. no., concluded with the Insurance Company., with validity since. on.,

in relation to which is the loss file no. opened at the company.

* following the repurchase of the Life insurance contract series. no.

please approve the payment of the benefit/compensation, amounting. lei.

I request that the payment is carried out:

in the bank account no., opened at the Bank., in the name of.;

through mail, at the address., str. no., bl. entrance, floor, apartment., county/district.

To the present document I am attaching:

power of attorney/mandate/debt assignment, if applicable;
 copy of the identity card;
 copy of the insurance policy;
 copy of the registration certificate/ownership attesting document for the damaged property;

as original amicable settlement/report drafted by the competent bodies;
 as original repair estimate;
 as original Invoice no.;

confirmation of company details issued by the trade register (in case of legal entities);

other documents supporting the claim:

I hereby declare, in support of the justifying documents, being aware of the provisions of art. 326 of the Penal Code with regard to forgery, that all the information included in/documents attached to the benefit/compensation payment request correspond to reality.

Please note that there is no / there is a privilege or real guarantee in relation to the debt (special privileges, mortgages, pledges, rights of retention), namely.

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Hereby declare that I have / I have not concluded a contract for this type of insurance with another insurance company and I have / have not received the benefits/compensation corresponding to the object of the above mentioned contract.

I hereby declare that on the date on which the present payment request was submitted I have not followed/I have followed the insurer's bankruptcy procedure and I did not cash / I did cash from the list of creditors/from other recovery actions carried out against the insurer an amount of.

I hereby declare that I am unable to present the following supportive documents as copy, certified copy: because.

Date.

Signature/stamp.

*Shall be filled in as applicable.