

REQUEST
for opening the loss file (model)

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/fax,

based on the mandatory insurance contract (culpable driver)/optional insurance contract series. no., concluded with the Insurance Company., with validity since. until.; request the opening of the loss file as result of the occurrence of the insured risk (car damage, personal injury, home damage, damage of goods, performance warranty, aviation, maritime,) on.

I request the establishment of damages in the locality., county/district.

Contact data: (telephone/e-mail)

In case of car damage it shall be mentioned if the vehicle was moving:
YES/NO

I am attaching to the present document (if applicable):

- copy of the power of attorney/mandate/assignment;
- copy of the identity card;
- copy of the amicable settlement/report drafted by the competent bodies;
- copy of the insurance contract.

Date.

Applicant,

(Name, surname).

(signature/stamp)