

REQUEST FOR OPENING THE LOSS FILE

The undersigned, with domicile in
street. no.,
 legitimated with series no.,
 county / district.....issued by, at date of,
 personal identification number.....,
 telephone....., e-mail
,

(for legal persons / holders of mandate/assignment of debt)

Representative of

Company/Mr./Mrs....., with headquarter/domicile in
 street.....no.....,
 building....., entrance....., floor....., apartment.....,
 county/district....., Unique registration code/Personal identification
 number....., telephone/fax,
 under the **optional/mandatory (of culpable vehicle)** insurance contract series.....,
 no....., concluded with Insurance Company,
 valid from until....., I request the opening of the loss file
 following occurrence of the insured risk (car damage, bodily injury, home damage, damage of goods,
 performance guarantee, aviation, maritime,) on date of

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

Contact info: (telephone/email).....

In case of car damages, it shall be mentioned if the vehicle is movable: YES / NO

License plate number of damaged vehicle:

Attached to the request (if applicable):

- Copy of Power of Attorney / Empowerment/ Assignment of debt;
- Copy of identity card;
- Copy of Amicable settlement of accident / Report issued by competent authorities;
- Copy of registration certificate of damaged vehicle;
- Copy of insurance contract;
- Others :

Date

Claimant,
 (Last name, First name)

.....
 (signature/stamp)