

PAYMENT REQUEST REGARDING COMPENSATION/INDEMNITY

The undersigned with domicile in , street no., building , entrance , floor , apartment , county/district , legitimated with series no., 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 , e-mail

Following occurrence of insured event on date of , under optional/mandatory (culpable vehicle) insurance contract series ,no., concluded with Insurance Company , valid from until , for which claim file no. is opened by Insurance Company

*following surrender of life insurance contract series..... no.....

Please approve payment of indemnity/compensation, in amount oflei

I request the payment to be performed:

In the account no., opened at Bank....., under the name of

In the account no., opened at Bank....., under the name of

Through postal services, at the address....., street no., building, entrance, floor, apartment....., county/district

*to be filled in, if applicable

I attach:

- Act of empowerment/mandate/assignment of debt, if applicable;
- Copy of the ID;
- Copy of the insurance policy;
- Copy of registration certificate/Act of ownership for the damaged good;
- Original of Amicable Accident Settlement/Report concluded by competent authorities;
- Original of estimate of repairs;
- Original invoice no.
- Other documents in supporting the claim:
.....

Under own responsibility in supporting the justifying documents, knowing the provisions of art. 326 Criminal Code regarding false statements, I hereby declare that all information/documents annexed to the present request for payment of indemnity/compensation are real.

I mention that there are/are not privileges or any real guarantee with regard to the claim (special privileges, real-estate mortgage, pledge, retention right), namely.....

I mention under own responsibility that I have/have not concluded an insurance contract for this type of insurance with other insurance undertaking and I have/have not received indemnity/compensation due to the abovementioned contract.

I mention under own responsibility that, at the time of submission of present payment request, I have/have not followed the winding-up procedure of the insurer and I have/have not collected from the statement of affairs/following other recovery actions against the insurer an amount of

I mention under own responsibility that I am unable to present the following justifying documents, in copy or legal copy:.....
.....
because.....

Date

Signature/stamp.....