



**AUTORITATEA
DE SUPRAVEGHERE
FINANCIARĂ**



CONSUMER GUIDE

CITY INSURANCE S.A.

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The Financial Supervisory Authority (A.S.F.) ordered, by Decision no. 1148/17.09.2021, the withdrawal of the functioning licence of the Insurance-Reinsurance Company City Insurance S.A. (City Insurance S.A.) and the promotion of the request to open the bankruptcy proceedings, based on the applicable legal provisions. City Insurance S.A. is not allowed to conclude new contracts and in case of renewal, the policyholders shall choose another insurance company.

[Insurance Guarantee Fund \(FGA\)](#) also published useful information on this matter:

WHAT ARE THE PROTECTIVE MEASURES FOR CONSUMERS IN THIS SITUATION?

In order to protect the consumers of insurance products and services, in Romania, FGA, as a guarantee scheme in the field of insurance. FGA aims to protect insurance creditors from the consequences of the insolvency of a Romanian legal entity insurer. The main destination of the amounts available to the FGA is the payment to the insurance creditors of the indemnities/compensations resulting from the optional and compulsory insurance contracts concluded under the law and

the premiums due by the insurer for the period in which the risk was not covered by it, following the termination of insurance contracts, in compliance with the guarantee threshold provided by law (RON 500,000/insurance claim, approximately 100.000 Euro). FGA covers activities performed by the insurance companies licensed in Romania on the Romanian territory and cross-border, on the territory of the host Member States.

WHO IS AN INSURANCE CREDITOR IN RELATION TO CITY INSURANCE?

- insured person - the person who has concluded an insurance contract with City Insurance S.A.;
- insurance beneficiary - a third party to whom City Insurance S.A. would have paid the amounts due according to the conditions provided by the insurance contract, as a result of the occurrence of the insured risk;
- injured person - the person entitled to receive compensation for the damage suffered as a result of a risk covered by a liability insurance contract, including MTPL, covered by City Insurance S.A. This category also includes the insurer entitled under the law to recover from City Insurance S.A. the amounts paid to its own insured when it has covered the damages caused to this insured by an insured of City Insurance S.A.

WHAT IS AN INSURANCE CLAIM?

Insurance claims, regardless of the time of their birth in relation to the opening of bankruptcy proceedings, are those resulting from an insurance contract.

Insurance claims of insurance creditors refer to:

- indemnities/compensations due under an insurance contract;
- the share of the insurance premium due by the insurer for the period in which the risk is no longer covered, as a result of the termination of the insurance contract before the expiry of the validity period stipulated in the policy (refund of a share of the insurance premiums paid);
- the amounts reserved for these creditors when some elements of the debt are not yet known.

An insurance creditor may have insurance claims under one or more insurance contracts. The guarantee threshold of the amounts that can be paid by the FGA refers to each individual claim that an insurance creditor may have in relation to the insolvent insurer

WHAT IS THE MECHANISM THROUGH WHICH FGA COMES TO SUPPORT CONSUMERS?

The payment procedure handled by FGA is an administrative, non-contentious one, being regulated by Law no. 213/2015, with subsequent amendments and completions and the A.S.F. rules issued in its application. Basically, insurance creditors do not have to go to court for obtaining from the FGA's liquid assets the amounts due representing the compensations/premium refunds, they will address the FGA with a request for payment.

Following the analysis of the payment request, FGA will issue a decision to settle the payment request. Insurance creditors who are dissatisfied with this decision (in the sense of partially or totally rejecting the request for payment) can appeal, thus guaranteeing the right of access to justice.

Also, the insurance creditors who have damages notified to City Insurance S.A. before the publication of the A.S.F. decision to withdraw the functioning licence and ascertaining the insolvency situation, but for which the insurer did not open the claim files, as well as the insurance creditors who suffer a damage covered by an insurance contract concluded with City Insurance S.A. in the period between the A.S.F. decision and 90 days from the date the court rules on opening of the company's bankruptcy proceedings, will submit a written request to FGA to open the respective claim file. If an identification number referring to a claim file had not been communicated to the insurance creditor it is advisable to contact FGA.

WHEN DO I ADDRESS FGA?

The right of insurance creditors to request amounts from FGA arises on the date of publication in the Romanian Official Journal of the A.S.F. decision to withdraw the functioning licence and ascertaining the insolvency of City Insurance S.A., date from which requests for payment can be addressed to FGA.

Any person claiming an insurance right against City Insurance S.A., as a result of the occurrence of risks covered by a valid insurance, may make a reasoned request for payment to FGA no later than 90 days¹ from the date of the final decision to open the bankruptcy proceedings or from the date of the birth of the right of claim, when it was subsequently born, under penalty of forfeiture.

For the claim files approved by City Insurance S.A. before the publication in the Romanian Official Journal of the A.S.F. Decision no. 1148/17.09.2021 (published on 27 September, 2021 in the Romanian Official Journal) and for which City Insurance S.A. did not open the claim file, FGA proceeds to open the file, at the written request of the claimant.

The payment request regarding the granting of premium refunds (model) can be found in the A.S.F. rule no. 24/2019 and on the [FGA website](#).

The payment request regarding the granting of compensations/indemnities (model) can be found in the A.S.F. rule no. 24/2019 and on the [FGA website](#). Within 60 days from the date of publication in the Romanian Official Journal of the A.S.F. Decision no. 1148/17.09.2021, FGA is entitled to make payments from its liquid assets, in order to pay the amounts due to the insurance creditors, in compliance with the legal provisions, after the insurance creditor has completed the administrative payment procedure.

¹ A.S.F. will publish the date when available because this period has not started as of November 1, 2021

WHAT DOES THE FINAL DECISION OF THE COURT MEAN?

The final decision is pronounced by the court after the settlements of the appeals (appeal). The final decisions, according to the insolvency legislation, are:

- judgments given in the first instance, which were not appealed;
- decisions given on appeal.

The judgments referred to above shall become final on the date of expiry of the time limit for exercising the appeal or, as the case may be, on the date of pronouncing the judgment on appeal.

In order for any insurance creditor to follow the deadlines related to the procedure, A.S.F. will make public through various communication channels the date of the judgments issued by the competent courts in question concerning the A.S.F.'s request to open the bankruptcy proceedings in the case of City Insurance S.A.

HOW LONG ARE THE INSURANCE CONTRACTS VALID?

The insurance contracts concluded with the company City Insurance S.A. are valid until the date on which one of the following situations occurs:

- the expiry date mentioned in the contract;
- the date of termination of the insurance contract by the policyholder through a notification sent to the company; In this case, claimants will receive a text message confirming the successful submission of their request to the City Insurance e-mail dedicated to receive terminations;
- at the date of pronouncing the decision to open the bankruptcy proceedings, the insurance contracts/policies concluded by the insurer terminate by right within 90 days.
- at the date of termination of the insurance contract, after the opening of the winding-up procedure, submitted to the judicial liquidator, becoming effective within 30 days from the date the termination request is received, in case the liquidator does not respond. In case the termination is requested by the auditor, the insurance contract/policy terminates at the date when the liquidator announces the termination.

The decision to terminate is a decision that can only be taken on the basis of own opportunity analysis performed by the policyholder or by the judicial liquidator².

Optional insurance contracts are contracts between the two parties - the insurance company and the policyholder, establishing the rights and obligations of the parties. Contracts may contain express clauses regarding the termination by either party. In case such clauses are not included in the contract, the related legislation is applied. In Romania, the new Civil Code stipulates that a contract can be terminated within 20 days calculated from the date on which the other party receives the notice of termination. It is important to highlight that in the 20 days period the contract is valid and the risk is covered and therefore a refund will not be granted in this case.

In the case of monthly instalments, these payments are not to be considered new business and do not constitute a monthly renewal. The duration period of the policy can be found in the policy documentation. The situations mentioned at the first paragraph remain applicable.

²A person appointed by the Court of Justice to manage the winding up procedure. When available the contact details of the judicial liquidator shall be made public

WHO TO CONTACT IN CASE OF DAMAGE?

According to the applicable legal provisions, the FGA will proceed to the opening of the claim files, will undertake the necessary steps for the technical ascertainment of the damages, the handling of the claim files, as well as for their approval from the technical point of view.

FGA will make available to you the standard claim template for opening the claim file which you are going to fill in and will also inform you about the supporting documents that must accompany this request. The information will be available on the [FGA website](#).

The request to open the claim file (model) can be found in the A.S.F. rule no. 24/2019 and on the FGA website.



WHAT ARE THE ACTIONS PERFORMED BY FGA?

In order to pay the amounts due to insurance creditors, FGA will take the following measures:

- will publish on its website information on the steps required to obtain the compensation from FGA.
- will take over from City Insurance S.A. the record of the insurance contracts in force, the complete record of the claim files already opened by the insurer, as well as the technical-operative and accounting records related to these contracts and files.
- will receive requests for the opening of claim files, will take all measures for the technical finding of damages, handling and approval of claim files from a technical point of view.
- will publish the list of potential insurance creditors on its website, according to the records taken from the company City Insurance S.A.
- will receive requests for payment, according to the model established by law, from any person claiming an insurance claim against the insurer.
- will check the claim files and the insurance claims registered in its records, taking into account the applicable rules in the matter and the general and specific insurance conditions provided in the insurance contracts concluded with the company City Insurance S.A.
- will draw up the lists of insurance creditors whose certain, liquid and due receivables are to be paid out of its liquid assets. After the approval of these lists by the special commission, it will make the payments of indemnities/compensations to the insurance creditors, in compliance with the legal provisions. The amounts accepted for payment will be paid by FGA, according to the legal provisions. The list shall be published and made available to the general public on the FGA website.

WHAT IS THE LIST OF POTENTIAL INSURANCE CREDITORS?

Within 30 days from the date of publication of the A.S.F. decision, FGA takes over from City Insurance S.A. the record of insurance contracts in force at the date of the A.S.F. decision, the complete record of the claim files, the reported but not settled claims files, databases, registers, correspondence, the technical-operative and accounting records related to these contracts and files, etc.

According to these records, FGA will publish on its website (www.fgaromania.ro) the list of persons with insurance contracts in force and persons who have opened claim files, this list representing in the case of City Insurance S.A. the list of potential creditors resulting from the insurer's records.

If you have an insurance contract concluded with City Insurance S.A. or you have a claim file opened before the A.S.F. decision no. 1148/17.09.2021 and your name does not appear in the list of potential insurance creditors, you will need to contact FGA, sending documents proving the quality of insurance creditor, for example the insurance contract, proof of opening the claim file or statements on your own responsibility (in case of impossibility of presentation of such documents). FGA will take over and analyse your request, and then will appropriately modify the list of potential insurance creditors.

Whether or not you are on the list of potential insurance creditors published on the FGA website, in order to collect indemnities/compensations from FGA or amounts representing refunds of insurance premiums, it is necessary to contact the FGA, making and registering a request of payment.

WHAT SHOULD I DO TO RECOVER THE INSURANCE CLAIM?

To recover a claim (compensation, indemnity, etc.) from FGA, you will submit to FGA:

- for compensation/indemnity: a reasoned request for payment accompanied by supporting documents. See the information available at FGA and A.S.F. for details.
- for the recovery of premiums paid in advance, in proportion to the time remaining until the expiry of the insurance: a request for payment (standard form) accompanied by supporting documents. See the information available at FGA and A.S.F. for details.

WHO CAN FILL OUT THE REQUEST FOR THE OPENING OF THE CLAIM FILE?

Any person who invokes any claim against City Insurance S.A. as a result of the occurrence of risks covered by a valid insurance contract may request the opening of the claim file.

This request is made by filling out the “Request for opening the claim file”, together with the “Declaration on the event” and sending these documents to FGA. These documents can be found on the FGA website.

After submitting the request, you will be contacted by FGA in order to open the claim file and determine the damages. FGA will communicate to the injured party the documents to be submitted for the settlement of claims (insurance policy/contract, documents certifying the occurrence of the insured event, issued by the competent public authorities or other documents stating the causes and circumstances of the event, extent of damage, documents regarding the patrimonial interest, supporting documents regarding the amount of compensation, etc.).

The informatic system of FGA is configured so that claimants receive an automated text message confirming the successful submission of their request. However, due to a significant volume of activity handled by the informatic system of FGA at this time, there can be delays in receiving the confirmation message.

The determination of damages is made by FGA, directly or through its agents, together with the interested parties. The determination of the damages resulting from the occurrence of the event will be made in accordance with the provisions of the law and of the insurance conditions.

For insured events produced abroad, their declaration is made in accordance with the provisions of the applicable law of the insurance contract and the insurance contract conditions, an integral part of the insurance contract. Regarding the MTPL insurance, where the liability is established based on the place of the accident legislation, the claims shall be covered according to the [Green Card System](#), if applicable.

The necessary annexes for filling out are available on the [FGA website](#) and also in this document with a hyperlink for each annex being mentioned.

WHO CAN FILL OUT THE REQUEST FOR PAYMENT OF INDEMNITIES AND/OR COMPENSATIONS?

Any insurance creditor claiming an insurance claim against City Insurance S.A. must complete a reasoned request for payment in this regard, according to the model provided by the legislation in force (the standard model can be found on the FGA website).

It is important to note that in case of opening the claim file at FGA, you must submit this request for payment, in order to collect the due indemnity/compensation.

The necessary annexes for completion are available on the [FGA website](#) and also in this document with a hyperlink for each annex being mentioned.

HOW SHOULD A REQUEST BE SUBMITTED TO FGA?

The request must be made according to the form (standard form) provided by FGA on its website. The request, completed and signed, must be formulated in writing, in Romanian and sent directly to FGA registered office, by mail, registered letter with acknowledgment of receipt, by electronic mail (e-mail) or by other means that ensure transmission and confirmation of receipt.

A claimant can request the opening of a claim file by filling in The request for opening a claim file, [Annex 7](#), which can be submitted via email address constatari.daune@fgaromania.ro, through postal services with registered letter with acknowledgement of receipt at the headquarter of FGA, or by filling in the [online form](#). The request for opening the claim file can also be done online on the FGA website, section “Policyholders”, subsection “Claimant File Form”

The content of the request must reflect: the nature of the claim, the time of its birth, the amount claimed, whether there is any privilege or collateral in respect of the claim, which are the assets covered by the insurance.

For obtaining indemnities/compensation from the FGA, any person having a right of insurance claim against the insolvent insurer must fill and submit a reasoned request in this regard, pursuant to the standardized form provided by [Annex 9](#) for premium refund, or by the standardized form provided by [Annex 10](#) for compensation. The previously mentioned Annexes can be submitted to the FGA via email address: cerere.plata@fgaromania.ro or through postal services with registered letter with acknowledgement of receipt at the headquarter of FGA. The request for payment can be submitted directly or by proxy, attaching the legalized copy of the supporting documents regarding the amount requested.

The request for payment shall contain at least the following information: the identification and contact details of the applicant and, where applicable, his/her proxy, the amount requested, the identification details of the insurance contract and, if applicable, of the claim file opened by the insurer, the way in which he/she wishes to make the payment.

If the request for payment concerns several claim files or insurance contracts, the potential insurance creditor attaches a record containing the identification data and the amounts related to each claim file/insurance contract, as well as any relevant documents, if applicable.

Please be advised that the payment request must also be submitted for claim files opened/endorsed for payment by the insolvent insurer but for which no payment has been made.

In case the claimant does not have supporting documents attesting to the amount of the loss for which compensation is requested, the loss shall be evaluated by the specialized personnel of the FGA during the process of analyzing the payment request.

WHAT ARE THE SUPPORTING DOCUMENTS?

To streamline the process for opening the claim files, [Annex 7](#), it is advisable that the following documents are attached to the request for opening the claim file:

- [Annex 8](#) – Statement regarding the event, filled in and signed
- Copy of the mandatory/optional insurance contract of the culpable vehicle
- Copy of identity card and driving license of the driver that suffered the loss
- Copy of registration certificate of the vehicle that was damaged
- Copy of registration certificate of the insured vehicle, in case of optional insurance contracts
- Amicable settlement of the accident or the Report issued by Police/Annex 2
- Power of attorney/empowerment granted to the person opening the claim file, signed and stamped, if the injured person is a legal person, or notary empowerment, if the injured person is a natural person
- Power of attorney/empowerment from the leasing company, if the damaged vehicle is owned by a leasing company
- Digital photographs of the damaged vehicle/damaged good, if the requests are sent via email address.

The payment request, [Annex 10](#), must be accompanied by supporting documents attesting to the occurrence of the insured event and to the claimed amounts. If the payment request is submitted in connection with several claim files or insurance contracts, the payment request must be accompanied by a record including identification information and amounts for each claim file/insurance contract, as well as any other supporting documents, as applicable.

Please be advised that, for return of premium following the denouncement of the insurance policies, insurance creditors must submit to the FGA both the payment request for premium refund, [Annex 9](#), and proof of denouncement of the policy submitted to the insurer. The documents can be submitted to the FGA via email address cerere.plata@fgaromania.ro or through postal services.

Steps to be followed for the denouncement of the insurance contract:

1. Fill in the Request for denouncement of insurance contract. The form is available on City Insurance SA website, respectively www.cityinsurance.ro
2. Submit the Request for denouncement of insurance contract to City Insurance SA, on the dedicated e-mail address: denuntare@cityinsurance.ro
3. Submit to FGA, via e-mail address cerere.plata@fgaromania.ro, a Payment request – Annex 9 – Payment request regarding the granting of premium refund (available on www.fgaromania.ro), together with the following documents:

- Act of empowerment, if applicable
- Copy of the ID
- Copy of the insurance policy
- Copy of the proof of payment for insurance premiums, if premiums were paid in installments
- Proof of denouncement of the insurance contract submitted to the insurer

According to provisions Law no. 213/2015 regulating the establishment of FGA, as well as the steps and requirements necessary to obtain compensation, art. 14 para. (5) dictates that documents shall be submitted in Romanian language and, if they are drawn up in an international language, then they shall be submitted together with their authorized translation.

However, FGA has taken steps³ in order to come to the aid of insurance creditors with domicile or residency in another Member State, by publishing on its website translated versions of the Annexes required for opening a claim file, requesting premium refund or requesting compensation. (<https://www.fgaromania.ro/en/steps-to-obtain-compensation-2/>) other languages. Please check the (However, the applicable legal framework requires the submission of supporting documentation in Romanian language, or of their authorized translation, in order to streamline the process of analyzing the requests.

In case of impossibility to present these supporting documents in legalized copy, either copies of them or a declaration on their own responsibility can be submitted in the sense of supporting these documents and motivating the impossibility of submitting them in legalized copy. FGA will verify the records taken from the company City Insurance S.A.

If, when analysing the request for payment addressed to FGA, FGA requests additional documents from the insurance creditor, it must send them within 30 days to FGA, otherwise its request will be rejected. The 30 days term may be extended, at the request of the insurance creditor, on grounded reasons, where the documentation must be supplemented with documents issued by other public or private entities.

If there are good reasons for the claimant, he/she may request FGA to extend the time required to complete the documentation and FGA will be able to issue a decision suspending the settlement of the request for payment.

³Please check regularly FGA website for further updates on the language for submission of the documentation

WHAT HAPPENS AFTER SUBMITTING A REQUEST TO FGA?

After investigating the insurance claim, analysed by the specialized departments within the FGA in order to approve it, according to the legal provisions, it is submitted to the special commission set up within FGA. The special commission is the one that approves the final amount of the compensation. The payment of compensations is made according to the approval of the payment requests by the special commission.



WHAT IS THE AMOUNT WITH WHICH I CAN BE COMPENSATED?

According to the guarantee threshold established by law, FGA can ensure the payment of a maximum amount of RON 500,000 (approx. 100,000 EUR) for each insurance claim (regardless of how many insurance claims an insurance creditor has).

BNR official foreign exchange rate shall be taken into consideration for claim files to be paid in different currencies.

Please access here the link for exchange rates

WHAT HAPPENS IF MY COMPENSATION IS HIGHER THAN THE FGA MAXIMUM COMPENSATION LIMIT?

For the amounts to be recovered that exceed the legal compensation limit covered by FGA, any person is entitled to follow the legal procedure provided by the Insolvency Law no. 85/2014, as subsequently amended and supplemented. (<http://legislatie.just.ro/Public/DetaliiDocument/159286>).

In order to recover its claim, the potential insurance creditor may choose to follow, separately and in parallel, the winding up procedure, after this is decided by the Court. This can be done by submitting a claim statement, based on the Law no 85/2014, within the case having as object the winding-up of the insurance company. In this case, the claim statement is being analyzed by the judicial liquidator appointed by the Court, that will draft a claims list, that will be published in the Insolvency Proceedings Journal.

WHEN CAN I GET THE MONEY?

Within 60 days⁴ from the date of publication in the Official Journal of Romania of the A.S.F. Decision to withdraw the functioning licence and ascertain the existence of insolvency index of City Insurance S.A (September 27, 2021)., FGA may start making payments from its liquid assets, for the amounts due to insurance creditors of the company City Insurance S.A. Payments are made after the insurance creditor has gone through the administrative payment procedure, as provided by the legislation in force.

The right of insurance creditors to request due amounts from FGA arises on the publishing date in the Official Journal of Romania of the A.S.F. decision regarding the withdrawal of authorization of the insolvent insurer, but no later than 90 days from the date the Court decision for commencement of the winding-up procedure remains final, or from the date the right of claim has arisen, when it has arisen subsequently.

⁴ 26 November, 2021, is the possible start date for payments

HOW IS THE PAYMENT MADE?

The payment shall be made in RON, for certain, liquid and matured claims, through the post office (postal money order) or a bank authorized by Romanian National Bank (BNR) within the legal limit. The amounts paid by postal order shall be within the limit of a ceiling set according to A.S.F. rules, which is currently RON 5,000 (approx. 1.000 EUR).

BNR official foreign exchange rate shall be taken into consideration for claim files to be paid in different currencies. Please access [here](#) the link for exchange rates.

If the claim is in foreign currency, the payment can also be made in the currency of the claim, in the bank account indicated by the insurance creditor.

WHERE CAN I FIND INFORMATION?

Consumers who have concluded a contract or an insurance policy with the company City Insurance S.A., beneficiaries and third parties damaged in relation to an insurance contract concluded with City Insurance S.A. are asked to read the information published by A.S.F. and FGA, or request details by phone at the phone numbers below.

Insurance Guarantee Fund (FGA) – Str. Vasile Lascăr nr. 31, Bucharest 020492, Romania, office@fgaromania.ro, telephone +4 021 201 10 60, fax +4 021 201 10 61.

Considering the existing pandemic context, FGA recommends potential insurance creditors to submit requests online or through mailing services.

For e-mail services, we recommend the following:

- Opening claim file - Annex 7: constatari.daune@fgaromania.ro
- Payment requests - Annex 9 & Annex 10: cerere.plata@fgaromania.ro
- Petitions/Complaints: petitii@fgaromania.ro
- Any other requests/questions: office@fgaromania.ro
- Mass-media communication: comunicare@fgaromania.ro

Please be advised that all necessary details regarding the process of submission of payment requests can be found on the FGA website: <https://www.fgaromania.ro/en/home/>, in the section dedicated to Policyholders.

A.S.F. is at your disposal for free information and clarifications TELVERDE 0800 825 627 (only for Romanian consumers), at office@asfromania.ro and on the Facebook page of the Financial Supervisory Authority (Autoritatea de Supraveghere Financiară).

For consumers, policyholders and beneficiaries who are in other EU countries and who may need information about City Insurance S.A., they can contact A.S.F. at the telephone number +4 021 668 12 08 (in English).

EXAMPLES OF SITUATIONS

I have a CASCO insurance with City Insurance and I want to open a claim file because I have my car damaged. What are the procedures to follow?

I was involved in an accident in which the guilty party has a MTPL policy at City Insurance. What am I supposed to do?

According to the law, FGA will take the necessary measures regarding the opening of the claim files, the technical ascertainment's of the damages, the handling the claim files, as well as their technical approval.

In the event of an accident, you must first contact the police in the area where the accident took place or draw up an amicable settlement (unless more than 2 vehicles are involved and/or there are injured persons, when contacting the police). After that, fill in and sign the standard form "Request for opening the claim file" (available on www.fgaromania.ro) and submit it directly to FGA or send it by mail (registered letter with acknowledgment of receipt) or email (office @ fgaromania.ro).

FOR ANY KIND OF DAMAGES, FOR ANY KIND OF POLICY/CONTRACT, THE INSURED/INJURED WILL SUBMIT A REQUEST TO FGA.

After sending the request, FGA will contact you in order to open the claim file, communicating to you when and where you can make the claim. At the same time, you have to fill in the standard application "Declaration on the event" (available on www.fgaromania.ro) that you will send to FGA. At this time, FGA takes all necessary measures regarding the opening of the claim file and will communicate in writing to the injured party the documents to be submitted to settle the compensation claims, as appropriate: policy/insurance contract, documents certifying the occurrence of the insured event, issued by the competent public authorities (police, firefighters, etc.), or other documents showing the causes and circumstances of the event (amicable report, witness statements, etc.), the extent of the damage, documents regarding the patrimonial interest, supporting documents regarding the amount of compensation, etc.

FGA shall issue a vehicle repair document, if the claimants notify of the occurrence of material damage to the insured vehicle, in accordance with the applicable legislation. The issuance of the vehicle repair document does not constitute the final technical note for the establishment of damages nor an obligation to pay. This document is issued even if total damage is found and the vehicle is no longer repaired.

Then it is instrumented the claim file (the damages are assessed based on the documents existing in the claim file, including the estimate of a damage issued by a car service unit), under the conditions of the law and the clauses of the insurance contract. If additional documents are required, they will be requested in written form. The claimant must respond within 30 days from the date of receipt by FGA of the request, otherwise his/her request will be rejected.

After analysing and instrumenting the claim file, FGA will approve, according to the legal provisions, the amount that will constitute the compensation. FGA will pay the compensation to the insurance creditors as explained above.

I had a damage because of a City Insurance policyholder, and City Insurance informed me that the file had been approved and is being paid. But the payment was not made. Can I repair my car and go with the receipt to FGA to get my money back for the repair?

I had a damage whose repair was performed based on the claim file completed and accepted for payment by City Insurance. Payment was not made. What is going on?

If you have an adjustment made and a claim file already opened or completed, this file will be transferred to FGA. FGA will re-examine the case in the next period and decide on the amount of compensation. Payment is made within the legal deadline (see previous answers).

The steps you need to follow are:

- for the collection from the FGA of the indemnities/compensations, any person who claims an insurance claim right against City Insurance must fill out a standard form called "Request for payment" motivated in this respect (www.fgaromania.ro). The request is addressed to FGA and is submitted directly to FGA registered office, by mail (registered letter with acknowledgment of receipt) or to office@fgaromania.ro.
- to the request for payment are attached, in legalized copy, the documents proving the amounts claimed as insurance claims. In case of impossibility to present the supporting documents in legalized copy, the claimant may present copies of them or may submit a "Declaration on his/her own responsibility" (www.fgaromania.ro) in the sense of presenting these supporting documents.

EXAMPLES OF SITUATIONS

- FGA analyses the payment requests and the submitted documentation, verifies and approves the claim files and draws up the list of insurance creditors whose claims are certain, liquid and due and are to be paid.
- their payment is made, within the limit of the guarantee threshold, within the terms provided by law (review what was specified above).

I hit the car 2 weeks ago. I have insurance with City Insurance. We agreed amicably, and now the injured calls me, saying that he has the car in repair service and the car service refuses to give him the car until he pays the value of the repair on the grounds that City has been dissolved. What do I tell them?

The injured party must address FGA. The determination being made, the file is already approved, it will be transferred from City Insurance to FGA. See previous answers on steps to follow.

As regards the refusal of the car service to continue the repair, A.S.F. has no authority over these companies. The injured party has two options:

- to pay the repair and make a request for payment to FGA (see procedure described above);
- if you have a CASCO insurance in force at the time of the accident, to carry out the repair on the basis of it.

What is and how to terminate an optional insurance contract?

Termination of an optional insurance contract is the termination of this contract on your own initiative, caused by a situation such as the present one. The optional insurance contract may provide for clauses regarding termination (how and with what notice period is made). FGA does not terminate insurance contracts/policies. There is also the possibility that the company or liquidator appointed in the winding up proceedings will notify you about the option regarding the termination of the insurance contract.

What happens if I have a compulsory home insurance policy (PAD)?

If your compulsory home insurance policy (PAD) is concluded through City Insurance S.A., it will cease to be valid within the term specified on the policy. If one of the events insured by PAD occurs, you are not affected by the current situation of City Insurance S.A., because the obligations of the insurer, respectively to establish the damage, instrumentation and payment of the claim file, will be taken over by PAID (Pool-ul de Asigurare Împotriva Dezastrelor Naturale S.A.). The payment of the damage in this case will be made by PAID, from its funds. According to the legal provisions, PAID is a commercial insurance-reinsurance company that manages the compulsory home insurance system, which covers the risks of natural disasters specific to Romania - earthquake, floods and landslides.

I paid full and anticipated CASCO insurance for 1 year. What am I supposed to do?

THE SAME VARIANTS ARE APPLICABLE AS IN THE CASE OF OTHER OPTIONAL INSURANCE CONTRACTS, AS ARE, FOR EXAMPLE, THOSE FOR HOUSES OR HEALTH.

Your CASCO insurance is valid until the expiration of its validity or the moment of its termination, depending on what case intervenes first. If the insurance premium is paid in full at this time, in case of termination of the contract, you will address FGA to recover the amount of money proportional to the time between the time of termination and the time of expiration. In case of damage, you will contact FGA for the adjustment of the damage, the instrumentation of the claim file and the payment of the due compensation.

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