

CLAIM NOTIFICATION

1. INSURANCE POLICY NO.:

2. DETAILS OF THE PERSON WHO NOTIFIES THE CLAIM:

(name, forename, title, the company he/she represents, quality: insured, contractor, beneficiary etc., as applicable)

2. INSURED GOODS

3. EVENT DETAILS

Date of the event

Place of the event

Circumstances of event occurrence / adjusting: *(cause and circumstances which led to the event, date, place and circumstances of adjusting the loss, description of the loss and / or damages to the goods, who is responsible for the event, witness details).*

Please, provide detailed information. If the space is not enough, use a blank page.

Estimated damage: *(in terms of quantity and value). If the space is not enough, please use a blank page.*

4. DETAILS IN ORDER FOR CERTASIG S.A. TO ADJUST THE LOSS

(details of the contact person, place and date where the loss can be adjusted)

5. OTHER INSURANCES

Is there another policy concluded (contracted by the Insured party or on its behalf) valid at the date of the loss causing event? If yes, please provide details on this insurance: the company and policy number.

No

Yes

INSURED PARTY / CONTRACTOR / BENEFICIARY *(as applicable)*

(signature and stamp)

Date: _____

The first notice of claim to SC CERTASIG SA was sent on: _____

By: telephone, fax, e-mail.