

INDEMNITY REQUEST

The Insured/Injured party

represented by

holder of the ID Card Series no.....issued byon..... /
/....., telephone....., according to the power of attorney submitted to the file,

Please, approve the payment of the partial final **compensation**

related to this claim file, in amount of RON, i.e. (amount in letters)

.....
based on the following enclosed fiscal documents (invoices, receipts / PO) / date:

1..... **2**.....

3..... **4**.....

5..... **6**.....

I request that the payment of compensation should be done as follows:

in the IBAN **bank account:** RO _ _ _ _ _
opened with the**bank, account holder**..... amount:

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opened with the**bank, account holder**..... amount:

- **I understand that the submission of false documents (invoices, estimates, documentary evidence etc.) in order to obtain compensations shall entitle the Insurer to refuse the payment of all requested compensations.**
- **I am aware that the persons trying to obtain compensations from insurance, by any means, are punishable under the Penal Code;**
- **I hereby state, on my own responsibility, that:**
 - 1. I have not notified and I am not going to notify this claim to another insurance company;**
 - 2. I have not requested and I will not claim compensations for this event from the guilty person (in case someone else is responsible for the damage caused).**

DATE...../...../ 20....

SIGNATURE