

CLAIM FILE NO. _____	
CLAIM NOTIFICATION For insurance of buildings, content, civil liability	
Insurance policy no. _____	Valid from _____ Valid To _____
<p>The undersigned _____, as: <input type="checkbox"/> Insured party <input type="checkbox"/> Damaged party <input type="checkbox"/> Representative of _____, residing in _____, (name, forename of insured / damaged party) No. _____ Street _____ Building _____ Apart. _____ County / Sector Telephone _____ holder of the ID Card Series _____ No. _____ with Personal Numeric Code (CNP) / Sole Registration Code (CUI) _____,</p> <p>I hereby notify you that on _____, at _____ hours, due to the following existent risk _____, there occurred damages to the (building, content, damages to third parties, etc.) _____ situated in the city _____, No. _____, Street _____, Building _____, Apart. _____ County / Sector _____</p> <p>Event description, causes and circumstances of occurrence:</p> _____ _____ _____ _____ _____	
<p>Description of the damages caused to the insured goods:</p> _____ _____ _____ _____ _____	
<p>The event was notified to (the police, fire company, competent authorities, sanitary units, etc.) which concluded the Minutes no. _____ of _____ (date). Damages found</p>	

**CertAsig
Insurance and Reinsurance**

Item no.	Name	Pcs.	Estimated value (Currency)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL ESTIMATED DAMAGE:			

Being aware of the provisions of art. 215 of the Penal Code, I hereby state on my own responsibility that:

I DO NOT OWN; **I OWN** another optional insurance for these goods, with the insurance company: _____, under contract no. _____ (whose copy I herein enclose) issued on _____, valid from _____ to _____, for an insured amount of (RON / EUR / USD) _____.

I, the undersigned _____, hereby state on my own responsibility that I will not take any action which might injure / cancel the right of recourse for S.C. Certasig Asigurare-Reasigurare S.A. and that I will not give any statements to the authorities entitled to conduct researches, for waiving the compensation rights to which I am entitled from the parties responsible for the event.

1. The insured / damaged third party-natural person is entitled to access the personal data provided, as well as the right to intervene on such data and the right to object, as regulated by the provisions of art. 13, 14 and respectively 15 of Law no. 677/2001 for the protection of individuals the persons with regard to the processing of personal data and the free circulation of such data.
2. The insured / damaged third party-natural person may exercise his/her rights stipulated in the preceding paragraph by submitting a written request, dated and signed, to S.C. Certasig Asigurare-Reasigurare S.A. In such request, the applicant shall specify if he/she wishes for the information to be communicated to a certain address which can also be electronic mail, or by a courier service able to ensure that the delivery is done only personally.

This document requests the granting of the compensations based on the Conditions of the Insurance Policy.

Date _____

Insured/Damaged party/Representative

(name, forename)

(signature, stamp for legal persons)