

Insured

Name and surname or
company name

Place of residence or
head office of company

Place and date

Details

Due to the claim from

No.

handled under insurance policy No.

relating to

Make/model/reg.no.

Please transfer the compensation under the insurance contract to the bank account number provided below:

Bank account
number

Name and surname
or company name

Place of residence
or head office of company

Transfer of the funds to the aforementioned bank account number brings with extinguishment of the WAGAS' liability towards the Insured.

I can certify the ownership of the signature on the basis of my identity card / passport

Serial

No.

Issued by

Date

Legible signature of the Insured

Claims Authorization Center's contact details:

Tel.: +48 22 670 96 04
Email: szkody@wagas.pl

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