

**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.

I authorize Insurance Company to pay the compensation due under the above-mentioned insurance contract to the Service:

Bank account number

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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