

\_\_\_\_\_  
/ Place, date /

\_\_\_\_\_  
/ Insured / Name and Surname or Company Name /

\_\_\_\_\_  
\_\_\_\_\_  
/ Address or Company seat /

### **AUTHORITY FOR RECEIPT OF COMPENSATION**

In connection with the claim from \_\_\_\_\_ No \_\_\_\_\_

Settled under ..... from Policy No \_\_\_\_\_

regarding \_\_\_\_\_

/ Make / Vehicle Model / Registration number /

I authorize the Insurance Company to make the compensation payment under the above mentioned insurance ..... in favour of the Service:

\_\_\_\_\_  
\_\_\_\_\_

Bank account number : \_\_\_\_\_

\_\_\_\_\_  
/ Legible signature of the Insured /

I confirm the original signature on the basis of ID / passport

Series \_\_\_\_\_ No \_\_\_\_\_ issued

by \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
/ Signature, personal stamp and Service stamp /