COMPENSA
VIENNA INSURANCE GROUP

Complaint

Insurance policy or claim number: _____

Complainant

Full name / Legal entity name: _____

Personal code/Registration No.: _____

Address: _____

E-mail: _____ Phone: _____

Content of the complaint and request

Attached documents

Date and signature

Signature date (DD.MM.YYYY): _____ Name, surname: _____

Signature (if the document is signed by hand rather than electronically): _____

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