



Sofia 1303
 14 Gyueshevo 14
 tel. 02/ 9765 100,
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www.unicreditleasing.bg

Notification of the insurance event

LESSEE /full name/

Lessee is represented by - full name:

Unified Identification Code/BULSTAT/ PIN

Leasing contract №

TYPE OF LEASE ASSETS

Type:..... Brand:..... Model:.....
 /reg. № for vehicle/

DESCRIPTION:

ROAD ACCIDENT

DAMAGE IN A PARKED STATE

MALICIOUS ACTS

"KEY"

THEFT/ROBBERY

NATURAL DISASTERS

OTHER.....

Short description / Note

.....

CLAIM DETAILS

NOT REGISTERED IN FRONT OF THE INSURER

REGISTERED IN FRONT OF THE INSURER WITH № / Date.....

INSURANCE COMPANY

TYPE OF PAYMENT OF COMPENSATION

/For registered claims only/

In the official service station with a letter of assignment

In a trusted service station of the insurer with a letter of assignment

Presented supporting documents for repair /Invoice/

Insurance expert evaluation base

Other

For further communication, please contact me at:

Tel/Fax..... e-mail.....

Address.....

Date:.....

Signature.....

Note:

Organizing of the process will be done by employees in "Insurance broker" unit
 e-mail: insurance@unicreditleasing.bg; web site: www.unicreditleasing.bg or
 address: 1303 Sofia, 14, Gyueshevo str., UniCredit Leasing EAD
 "Insurance Sales and Claims" Team