**CLAIM Form**

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| **Company name** |  |
| **Email** |  |
| **Client Account ID (Account number the claim concerns)** |  |
| **Claim Subject** |  |
| **The time the event occurred** |  |
| **Claim description** |  |
| **What are your expectations concerning the claim?** |  |
| **Please choose method of delivery of our answer** | * Electronic mail – answer will be sent as the claim will be solved, even in course of 7 business days.
* Mail – the answer will be sent in a period of 30 days (time delivery by an official postal operator is not included).
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| **Date and signature of the Client** |  |