

## Claim form no.

Vehicle Operator identification	n data		
Vehicle Operator number: Toll payment regime: Vehicle Operator company name/business name/name and surname:		Toll account number:  Licence plate number:	
Contact person name and surname:			
Registered office/permanent residence/place of business: City:			
Postcode: Company ID No.: Tax ID No.:		Country: VAT ID No.: Date of birth:	
Phone number:		E-mail:	
Claim description			
Type of claim:			
Reason of claim:			
Claim attachments:			
Data for claim form			
Point of sale number:		Staff ID:	
Point of sale address:			
Date of receipt:			
In case that the method of claim application and its settlement was carried out pursuant to the relevant provisions of the General Business Terms and Conditions of the Toll Collection Administrator as well as of the General Business Terms and Conditions of the System Operator, the System Operator notifies you of the fact that your 0 was received and the reply to this 0 shall be sent to you pursuant to the aforesaid General Business Terms and Conditions.			
Dlace date:		Dlace date:	
Place, date: Signature of the authorised person		Place, date: Signature of the Vehicle Operator	
of the Toll Collection Administrator:		or its authorised representative (possibly the company seal):	