HD Insurance PLC Nicosia - Sucursala Bucuresti
Calea Floreasca nr. 246C, Clădirea Sky Tower, Etaj 6, Sector 1, București
Call center: 021 9705 (Monday-Friday, 09:00-17:00)

DUPLICATE Request, TERMINATION / premium refund, CANCELLATION RCA

in case of : ☐ **modification** ☐ **termination** ☐ **cancellation** of RCA policy

(to be sent to **support@hellasdirect.ro**)

The undersigned ....., residing in ....., Str....., No. ....., Bl....., Sc....., Et....., Apt....., County/Sector....., phone....., holder of ID series ....., no. ....., Personal ID / CNP ....., representative of company ....., CUI/Reg No. ....., request the modification / cancellation / termination of the RCA policy below and the refund of the corresponding premium differences, to bank account _, opened at bank ....., account holder being …… holder of ID no....., CNP/ID No.....

Policy series	Policy number	Issue date	Issuer

I state that the reason for the request is: .....

Attached to this request:

- Proof of registration/vehicle registration certificate;
- Copy of supporting document of alienation/deregistration/invoice/tax office (DITL) stamped certificate;
- Power of attorney in case of legal entity + tax ID + copy of representative ID;
- Copy of ID card of the insured, in case of natural person (in case of transfer to a third party's account: copy of third party ID);
- Copy of bank statement **(RON)**;

In case of request for **Cancellation** of the RCA policy:

I declare on my own responsibility that no copy of the policy for which cancellation is requested has been handed over to the insured. In the situation where claims are reported based on the above-mentioned RCA policy and for which I request cancellation, by signing this declaration, I agree and undertake to bear the value of the amounts representing indemnities, paid by Hellas Direct Insurance Limited Nicosia - Bucharest Branch.

In case of request for **Termination** of the RCA policy:

I declare on my own responsibility that during the validity period of the insurance policy, no traffic incidents occurred. In case indemnities are paid or due for events produced during the validity period of the RCA policy, the Insurer will be entitled to recover from the Insured the value of the refunded insurance premium, upon request.

Date of completion...../...../..... ……..……..

(Name/Surname, signature)

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