

Claim form no.

Vehicle Operator identification data

Vehicle Operator number:	<input type="text"/>	Toll account number:	<input type="text"/>
Toll payment regime:	<input type="text"/>	Licence plate number:	<input type="text"/>
Vehicle Operator company name/business name/name and surname:	<input type="text"/>		
Contact person name and surname:	<input type="text"/>		
Registered office/permanent residence/place of business:	<input type="text"/>		
City:	<input type="text"/>		
Postcode:	<input type="text"/>	Country:	<input type="text"/>
Company ID No.:	<input type="text"/>	VAT ID No.:	<input type="text"/>
Tax ID No.:	<input type="text"/>	Date of birth:	<input type="text"/>
Phone number:	<input type="text"/>	E-mail:	<input type="text"/>

Claim description

Type of claim:	<input type="text"/>
Reason of claim:	<input type="text"/>
Claim attachments:	<input type="text"/>

Data for claim form

Point of sale number:	<input type="text"/>	Staff ID:	<input type="text"/>
Point of sale address:	<input type="text"/>		
Date of receipt:	<input type="text"/>		

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 theaforesaid General Business Terms and Conditions.

Place, date:	<input type="text"/>	Place, date:	<input type="text"/>
Signature of the authorised person of the Toll Collection Administrator:	<input type="text"/>	Signature of the Vehicle Operator or its authorised representative (possibly the company seal):	<input type="text"/>