Ypera Ασφαλιστική

Είναι υπέρ σου!

Ypera Insurance Co. Ltd

Κεντρικά Γραφεία
Ypera House 1, Μεδούσης 2
6059, Λάρνακα, Τ.Θ 40378, 6303
Τηλ: 24200800 Fax: 24828299
Email: info@ypera.com.cy
Α.Φ.Τ: 12131789O

Κατάστημα Λευκωσίας
Λεωφόρος Κυρηνείας 135, 2113
Αγλαντζιά, Λευκωσία
Τηλ: 22442424 Fax: 22446655
Email: nicosia@ypera.com.cy
Α.Φ.Τ: 12131789O

Authorisation Form For Claims History Statement

To: .....

(Name of the issuer of the Claims History Statement)

Dear Sirs,

Policyholder's Name: .....

Identification Number (ID/Passport/Legal Entity Reg. No): .....

Date of Birth (for natural persons): .....

I, the undersigned, with the above particulars, hereby authorize you to issue my motor insurance claims history statement, during the preceding 5 years, in accordance with Article 20A of Law 96(I)/2000, as amended to date and its relevant Regulations, the Article 16 of Directive 2009/103/EC and Commission Implementing Regulation (EU) 2024/1855 and share this with **Ypera Insurance Co. Ltd.**

Yours faithfully,

....

Signature of Policyholder Date