

REQUEST REGARDING INFORMATION ON THE VALIDITY OF THE CMR CONTRACT

date

Please confirm whether on the date of _____
indicate the date for which confirmation is required

vehicle plate No. _____ policy holder _____
indicate company, company code

is covered by the insurance coverage under CMR insurance contract TIA No.:

_____ .

I certify that the policyholder has granted me the right to receive the above-mentioned

information: YES NO

First name, last name, company, signature