

## Claims Form

		<b>Number (invoice number):</b>	
<b>Contractor:</b>		<b>Sub-lessee / Customer:</b>	
 <p>Effective CarService, s.r.o. Vajnorská 103/A 831 04 Bratislava IČO: 48031933 IČ DPH: SK121006735</p> <p><b>Vajnorská 127a, 831 04 Bratislava</b></p>		Name and surname / Business name:  Address / Registered office: Birth number / ID No.: Phone: Email:	
		<b>Detection date:</b>	
		<b>Filing date:</b>	
<b>Details of service involved in claim:</b>			
Type of vehicle:		Registration plate:	
Service rented on:		Total price:	EUR
Contract number:			
<b>Reasons for the claim:</b>			
<b>Remedy proposed by consumer:</b>			
		<b>Signature:</b>	
*1			
<b>Provider's statement:</b>			
We have accepted a claim involving the above-specified service. Based on the review of the condition and in our opinion, the claim was* was not* <sup>1</sup> justified.			
<b>Goods:</b>		received-not received* <sup>2</sup>	
<b>Date if received:</b>		<b>Signature of responsible person</b>	
<b>Consumer was acquainted with their rights*<sup>2</sup></b>		<b>Signature:</b>	
<b>With respect to the provider's statement, the customer:</b>		agrees -does not agree * <sup>3</sup>	

	<b>Signature:</b>								
<b>Final settlement of the claim:</b>									
<b>Claim:</b>	<table border="1"> <tr> <td><b>Honoured</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Dismissed</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Funds refunded</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Service exchange</b></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Honoured</b>	<input type="checkbox"/>	<b>Dismissed</b>	<input type="checkbox"/>	<b>Funds refunded</b>	<input type="checkbox"/>	<b>Service exchange</b>	<input type="checkbox"/>
<b>Honoured</b>	<input type="checkbox"/>								
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<b>Funds refunded</b>	<input type="checkbox"/>								
<b>Service exchange</b>	<input type="checkbox"/>								
<b>Responsible person: (name, surname, title):</b>									
<b>Closing date of the claim:</b>									
<b>Signature and imprint of stamp:</b>	<p>.....</p> <p style="text-align: center;"><b>Contractor</b></p>								
<b>Annexes to the claims form*4:</b>	1. Vehicle rental agreement / operating lease agreement								
	2. Printed order								
	3. Acceptance certificate								
	4. Invoice								

\*1 delete as needed,

\*2 only completed by a natural person, and the birth number is used,

\*3 customer sends them in electronic form or brings them to the branch in person,

\*4 the customer completes the highlighted table