



Claims Form

| | |
|--|--|
| | Number (invoice number): |
| Contractor:  Effective CarService, s.r.o. Vajnorská 103/A 831 04 Bratislava IČO: 48031933 IČ DPH: SK212006735 Mobile: +421 910 777 700 Sublicencia Provider's establishment (technical abbreviation: "B7B"): Vajnorská 127a, 831 04 Bratislava | Sub-lessee / Customer: Name and surname / Business name: Address / Registered office: Birth number / ID No.: Phone: Email: |
| | Detection date: Filing date: |
| Details of service involved in claim: | |
| Type of vehicle: | Registration plate: |
| Service rented on: | Total price: EUR |
| Contract number: | |
| Reasons for the claim: | |
| | |
| Remedy proposed by consumer: | |
| | |
| | |
| Signature: | |
| *1 | |
| Provider's statement: | |
| 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* ¹ justified. | |
| | |
| Goods: | received-not received* ² |
| Date if received: | Signature of responsible person |
| | |
| Consumer was acquainted with their rights*² | Signature: |
| | |



| | | | | | | | | | |
|---|--|-----------------|--------------------------|------------------|--------------------------|-----------------------|--------------------------|-------------------------|--------------------------|
| With respect to the provider's statement, the customer: | agrees -does not agree *3 | | | | | | | | |
| | Signature: | | | | | | | | |
| Final settlement of the claim: | | | | | | | | | |
| Claim: | <table border="0"> <tr> <td>Honoured</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dismissed</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Funds refunded</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Service exchange</td> <td><input type="checkbox"/></td> </tr> </table> | Honoured | <input type="checkbox"/> | Dismissed | <input type="checkbox"/> | Funds refunded | <input type="checkbox"/> | Service exchange | <input type="checkbox"/> |
| Honoured | <input type="checkbox"/> | | | | | | | | |
| Dismissed | <input type="checkbox"/> | | | | | | | | |
| Funds refunded | <input type="checkbox"/> | | | | | | | | |
| Service exchange | <input type="checkbox"/> | | | | | | | | |
| Responsible person: (name, surname, title): | | | | | | | | | |
| Closing date of the claim: | | | | | | | | | |
| Signature and imprint of stamp: | | | | | | | | | |
| <p>.....</p> <p>Contractor</p>  <p>Effective CarService, s.r.o. Vajnorská 103/A 831 04 Bratislava IČO: 48031933 IČ DPH: SK212006735 Sublicencia Mobile: +421 910 777 700</p> | | | | | | | | | |
| Annexes to the claims form *4: | 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