**PRIGOVOR KORISNIKA USLUGE OSIGURANJA FIZIČKOG LICA/PRAVNOG LICA**

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| Podaci o korisniku usluge osiguranja-podnosiocu prigovora |
| Ime i prezime/Naziv: |
| Adresa/sjedište: |
| JMBG: | JIB\* |
| Telefon: | Elektronska adresa\*\*: |
| Ime i prezime zakonskog zastupnika/punomoćnika: |
| Telefon: | Elektronska adresa\*\*: |

**\***Unosi se ako je podnosilac prigovora pravno lice

\*\*Ako je navedena elektronska adresa, odgovor će biti upućen elektronskim putem.

ORGANIZACIONA JEDINICA I VRSTA USLUGE NA KOJE SE PRIGOVOR ODNOSI

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| Organizaciona jedinica koja je pružila uslugu: |
| Vrsta usluge: |
| Polisa broj: |

SADRŽAJ PRIGOVORA ( navesti jasno razloge prigovora i konkretan zahtjev)

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Datum podnošenja:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Podnosilac prigovora

Napomena: Uz prigovor prilažete dokaznu dokumentaciju; ukoliko prigovor podnosi punomoćnik, prilažete punomoć za zastupanje. Za dostavljanje prigovora i odgovarajuće dokumentacije elektronskim putem limit je 10 MB po dokumentu.