

Power of attorney

With this power of attorney, you can authorize another person to attend to your traffic injury case on your behalf and cancel the authorization you have previously given.

Authorization

I hereby authorize the representative below to attend to the traffic injury case on my behalf.

Details of the authorized representative

Name of the authorized representative

Street address

Postal code

City

Phone number (including area code)

E-mail

Claim reference number (if known)

Payment of compensation

Any compensation payable under the traffic insurance shall be paid (choose one option only)

to the authorized representative's bank account

to the patient's or other claimant's bank account

to the bank account of the trustee (custodian or guardian) of an underage or otherwise legally incompetent claimant.

Bank account and account holder information

Bank account number to which the compensations are to be paid (in the IBAN-format, 18 characters)

Account holder's name

Cessation of the validity of the authorization

The validity of the authorization will cease when a notice to this effect is received by the Motor Insurers' Centre.

I wish to cancel the authorization I have previously given

Name of the authorized representative

Date and signature of the issuer of the authorization

Date

Signature and name in block letters of the issuer of the authorization

Personal identity number

Motor Insurers' Centre

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