E-Invoicing Request and Consent to Electronic Communications

Generali Biztosító Zrt. • Customer Service Direct Line: +36 1 452 3333 • generali.hu/kapcsolat

Name/company name: . . . . . .

Mother's name: . . . . . .

Date of birth (yyyy/mm/dd): . . . . . .

For legal entities, VAT number: . . . . . .

Mobile phone: . . . . . .

Email address: . . . . . .

Policy numbers: . . . . . .
Please enter the policy number(s) of the contract(s) in respect of which you intend to receive invoices electronically.

By completing and signing this form

a) I hereby request the insurance company to modify the payment method for my insurance contracts indicated above from 'payment by postal cash transfer' to 'payment by bank transfer';

b) I hereby request and authorize the insurance company to communicate with me electronically concerning the administration and management of my insurance contracts and to invoice me electronically for the insurance premiums in electronic format.
Please note that the administration and management of insurance contracts include the following matters: the inception and/or termination of the insurance contract, processing of insurance claims, availability of new covered services, status of your administrative requests, information about loss prevention, and information about insurance premiums.
You can find out more about electronic invoicing on the insurance company's website at http://generali.hu.
If I have previously provided a different email address/mobile phone number for electronic communication purposes, I hereby request such details to be updated and the email address/mobile phone number provided on this form be used for all future electronic communications.

Date: . . . . . .

. . . . . .
Policyholder's Signature
(signature of company representative
on behalf of a legal entity)

Form Nr.: 23853

If you wish to make the requests under points (a) and (b) separately, please let us know by telephone.