# MEDIATION REQUEST

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| **Proponent** |
| Name of company, subsidiary, or name and surname |  |
| Address: |  |
| Contact person: |  |
| *(Tel, Fax, Mob, E-mail)* |  |

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| **Respondent** |
| Name of company, subsidiary, or name and surname |  |
| Address: |  |
| Contact person: |  |
| *(Tel, Fax, Mob, E-mail)* |  |

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| **The mediation request refers to the following dispute:** |  |
| Claim for indemnification*(material /non-material damage)* |  |
| Amount in dispute (EUR) |  |
| Out-of-court dispute/ Legal proceeding*(With out-of-court disputes please describe the procedure undertaken so far; with legal proceedings please quote at which Court, the reference No. of the case.**In both cases please quote the reason of the dispute).* |  |

I address this request to the Mediation Centre at the Croatian Insurance Bureau, Martićeva 71,
10000 Zagreb, fax: 4696 664, e-mail: medijacija@huo.hr

I authorise the Mediation Centre to forward this request to the respondent and contact him/her with the purpose of arranging a mediation session.

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| Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |