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| to JSC RNRC**NOTICE OF LOSS** | \_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ |
| date of filing |
| On behalf of the Reinsured (Cedent): | Details |
| **\_** | Legal address \_INN (Taxpayer’s ID): \_Settlement account: \_with bank \_BIC: \_Corr. account: \_ |
| **Reinsurance contract (slip) No.** | **\_** |  |  |
|  | (Ref. of the Reinsured) |  |  |
| **EVENT INFORMATION** |
| Date of event:**\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_** | Name of the Insured (under the master insurance contract) |
| **\_** |
| Nature, circumstances, brief description of event: |
| \_ |
| Amount of the reported loss (if any) and/or amount of the provision (RBNP) set: |
| **\_** |
| Current status of the settlement and/or actions planned/carried out by the Reinsured: |
| \_  |
| Terms of settlement (under the terms of the reinsurance contract (slip) |
| [ ] “Follow the fortunes” | [ ] “Follow decisions and actions” | [ ] “Cooperation in loss settlement” | [ ] “Loss control” |
| Amount of RNRC share loss: | Contact details of the officer of the Reinsured for instant communication |
| **\_** | \_ |
| Full name and title of the representative of the Reinsured | Signature |
| \_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **L. S.** |

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| For RNRC’s use only |  |
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