Приложение №1

к «Регламенту расторжения договоров страхования и возврата сумм страховых премий»

**Заявление о досрочном прекращении договора страхования**

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| Фамилия Заявителя |  |  |  |  |  |  |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |
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| Имя Заявителя |  |  |  |  |  |  |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |
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| Отчество Заявителя |  |  |  |  |  |  |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |
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| Дата рождения | Д | Д | **.** | М | М | **.** | Г | | Г | | Г | | Г | | г. | | | **Гражданство:** | | | | | | | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |
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| Документ, удостоверяющий личность Заявителя: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Серия: |  |  |  |  | Номер: | | | |  | |  | |  | |  | | |  | |  | |  | |  | | Дата выдачи: | | | | | | | Д | | Д | | **.** | | М | | М | | **.** | | Г | | Г | | Г | | Г | г. |
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| Кем выдан |  |  |  |  |  |  |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |
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| \*Дата и номер доверенности представителя: | | | | | | | | Д | | Д | | **.** | | М | | | М | | **.** | | Г | | Г | | Г | | Г | | г. | | № | | |  | |  | |  | |  | |  | |  | |  | |  | |
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| Моб. телефон |  |  |  |  |  |  |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |
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| E-mail Заявителя |  |  |  |  |  |  |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |
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| Почтовый адрес |  |  |  |  |  |  |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |
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\*при расторжении договора страхования Представителем Страхователя по нотариально-заверенной доверенности.

1. Прошу расторгнуть (прекратить) Договор (полис) серия \_\_\_\_\_\_№ \_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ от \_\_.\_\_.202\_ г. по инициативе Страхователя по следующим основаниям:

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|  | Моего отказа от Договора страхования в «период охлаждения» | Я уведомлен, что в случае моего отказа от Договора страхования при наступлении события, имеющего признаки страхового случая, мне не будет произведена страховая выплата по данному Договору.  Я уведомлен, что в случае отказа от Договора страхования возможно изменение условий кредитного договора (например, повышение ставки по кредиту). |
|  | Моего отказа от Договора страхования | Я уведомлен, что в случае моего отказа от Договора страхования по истечении «периода охлаждения» возврат части страховой премии за не истекший срок договора не производится в соответствии с условиями Договора и Правилами страхования.  Я уведомлен, что в случае моего отказа от Договора страхования при наступлении события, имеющего признаки страхового случая, мне не будет произведена страховая выплата по данному Договору.  Я подтверждаю свое согласие на расторжение Договора страхования без возврата страховой премии. |
|  | \*По причине полного досрочного погашения обязательств по договору кредита (займа) в рамках действия Федерального закона от 21.12.2013 №353-ФЗ «О потребительском кредите (займе)» | Я уведомлен о том, что возврат страховой премии производится в соответствии с Федеральным законом от 21.12.2013 №353-ФЗ «О потребительском кредите (займе)».  Я уведомлен, что в случае моего отказа от Договора страхования при наступлении события, имеющего признаки страхового случая, мне не будет произведена страховая выплата по данному Договору. |
|  | Несоответствие условиям страхования | Я уведомлен о том, что Договор страхования будет расторгнут полностью. |
|  | Отказ от договора страхования в связи с непредоставлением или предоставлением неполной информации о договоре страхования | Я уведомлен о том, что Договор страхования будет расторгнут полностью. |
|  | Иное (указать причину): | |

\*для договоров, заключенных в обеспечение кредитных обязательств Заемщика.

1. Уплаченную страховую премию по Договору страхования прошу вернуть:

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| Фамилия Получателя | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | | |
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| Имя Получателя | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | | |
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| Отчество Получателя | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | | |
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| Дата рождения | | Д | | | | Д | | | **.** | | | М | | | М | | | **.** | | | | Г | | | | Г | | | | Г | | | | Г | | | | г. | | | | **Гражданство:** | | | | | | | | | | | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | | |
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| Документ, удостоверяющий личность Получателя: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Серия: |  | | |  | | | |  | | |  | | | Номер: | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | Дата выдачи: | | | | | | | | | | | | | | | Д | | | Д | | | | **.** | | | М | | | М | | | **.** | | | Г | | | Г | | | | Г | | | Г | | г. | |
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| Кем выдан |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | |
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| Адрес регистрации: |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | |
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| путем |  | | | | Безналичного перечисления по следующим реквизитам: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| л/счет или номер карты: | | | | | | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  |
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|  | | |  | | | | Выплаты наличными денежными средствами через отделение Почты России. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Настоящим подтверждаю достоверность персональных данных, указанных в заявлении.

Я уведомлен, что предоставление некорректных, в том числе не принадлежащих мне, персональных данных может повлечь признание заявления недействительным, а также привлечение к юридической ответственности за нарушение действующего законодательства РФ

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| Заявитель: |  |  |  |  |  |  |  |  |  |  |  |  | ( |  |  |  |  |  |  |  |  |  |  |  |  | ) |  |
|  |  | Подпись | | | | | | | |  |  |  |  |  |  |  | Фамилия И.О. | | | | | | |  |  |  |  |

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| Заявление принял(а): |  |  |  |  |  |  |  |  |  |  |  |  | ( |  |  |  |  |  |  |  |  |  |  |  |  | ) |  |
|  |  | Подпись | | | | | | | |  |  |  |  |  |  |  | Фамилия И.О. | | | | | | |  |  |  |  |

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|  | Д | Д | **.** | М | М | **.** | Г | Г | Г | Г | г. |  |  |  |  | ч. |  |  |  | мин. |  |  |  |  |  |  |  |  |