BOSNA I HERCEGOVINA BOSNIA AND HERZEGOVINA

FEDERACIJA BOSNE I HERCEGOVINE FEDERATION OF BOSNIA AND HERZEGOVINA

**AGENCIJA ZA NADZOR OSIGURANJA INSURANCE SUPERVISORY AGENCY OF**

**FEDERACIJE BOSNE I HERCEGOVINE FEDERATION OD BOSNIA AND HERZEGOVINA**

**OMBUDSMEN U OSIGURANJU INSURANCE OMBUDSMAN**

Ja, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(podnosilac prigovora – ime i prezime)

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(općina) (ulica i broj) (kontakt telefon)

P O D N O S I M:

**P R I G O V O R**

|  |  |
| --- | --- |
| **Naziv društva za osiguranje/podružnice na koje se prigovor odnosi** | **............................................................................................................**  **............................................................................................................** |
| **Datum obraćanja društvu u internom žalbenom postupku** | **............................................................................................................** |
| **Datum prijema odgovora po žalbi u internom žalbenom postupku** | **................................................................................................................** |
| **Druga tijela kojima je eventualno upućen prigovor/zahtjev** | **.................................................................................................................**  **.................................................................................................................** |
| **Činjenice slučaja i razlozi podnošenja prigovora** | **......................................................................................................**  **......................................................................................................**  **.....................................................................................................**  **.....................................................................................................**  **......................................................................................................**  **......................................................................................................**  **......................................................................................................**  **......................................................................................................**  **......................................................................................................** |
| **Šta zahtijevate od Ombudsmena u osiguranju** | **......................................................................................................**  **......................................................................................................**  **......................................................................................................**  **......................................................................................................**  **......................................................................................................** |
| **Prilozi**  **(ne moraju biti originalni dokumenti i ne moraju biti ovjereni)** | **......................................................................................................**  **......................................................................................................**  **......................................................................................................**  **.......................................................................................................**  **.......................................................................................................**  **......................................................................................................**  **......................................................................................................** |

**-** Da li se u vezi sa ovim predmetom vodi sudski spor **DA / NE**

Podnošenjem ovog prigovora ujedno

**I Z J A V LJ U J E M**

da sam saglasan/na da se moj prigovor razmatra i rješava pred Ombudsmenom u osiguranju i donese odluka u skladu sa Pravilnikom o Ombudsmenima u osiguranju i Pravilima postupka Ombudsmena u osiguranju.

U \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_godine

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(potpis podnosioca prigovora)

**Napomene:**

**-** Ovaj obrazac nije obavezan, ali Vam može olakšati predstavljanje prigovora.

- Dužni ste o promjeni adrese obavijestiti Ured ombudsmena u osiguranju.

- Prigovor možete podnijeti i putem punomoćnika/advokata. Punomoć mora biti ovjerena.

- Ukoliko želite detaljnije obrazložiti Vaš prigovor učinite to na dodatnom listu papira.

- Popunjen prigovor možete poslati preporučenom pošiljkom poštom ili lično predati na adresu:

**Agencija za nadzor osiguranja FBiH**

**n/r ombudsmen u osiguranju**

**Kolodvorska broj 12.**

**71 000 Sarajevo**