

DECLARATION

The undersigned _____ born in _____ on _____, holder of Fasi membership number _____, regarding his/her claim for the refund of medical expenses incurred as a result of _____, undertakes to reimburse and in any event return to the Fund the amount relating to the service provided in relation to that claim.

This reimbursement to the Fund must in any event be made within 30 (thirty) days of the payment to the undersigned, by the liable third party and/or any other party in his/her stead and jointly liable, of any sum paid as damages for the events that the medical expenditure mentioned in the application for services to the Fund refers to. The reimbursement to Fasi will be owing regardless of whether the payment receipt includes, wholly or in part, the said medical expenditure.

The undersigned also undertakes to keep Fasi informed of the progress of the action for damages and to promptly notify the Fund of all related information and of the outcome of the action itself.

The undersigned finally acknowledges that, without the prior consent of Fasi, he/she may not use any circumstance to oppose the same in order to make his/her obligation to reimburse the Fund inoperative, such as in particular:

- a) by having excluded the amount relating to Fasi services from the sum received, obliging the Company to reimburse the Fund directly;
- b) by having indicated an amount received for medical expenditure or Fasi services that is lower than the total amount incurred or received by the Fund, on the basis of alleged contributory negligence;
- c) having received a total amount as compensation for damages without specifying the various grounds, indicating a certain percentage of liability of others or of one's own co-liability.

Finally, if a final court ruling finds that the undersigned has shared liability, it is understood that his/her obligation to reimburse the Fund shall be reduced proportionally.

In witness whereof

Place and date _____

DECLARATION

The undersigned _____, born
in _____ on _____, domiciled at
_____, Street/Road: _____
_____ enrolled with Fasi under membership number _____
_____, declares the following:

1) The accident took place on _____, at about _____, in
_____, in the following ways:

2) The owner of the vehicle is Mr/Ms _____,
residing in _____, Street/road _____
_____, the vehicle's registration number is _____
and the insurance company is _____

3) The driver of the vehicle was also the owner (if other person, please give details
and address) _____

4) I have appointed the following lawyer to protect my interests _____

Date and signature _____

P.S.: If the accident, due to possible third party liability, did not involve a vehicle, describe the facts
indicating any elements that may help to identify the person responsible.