


CERTIFICATO DI ASSICURAZIONE E PAGAMENTO

IL PRESENTE DOCUMENTO E' VALIDO COME ATTESTAZIONE DEL COSTO SOSTENUTO PER IL PREMIO DI ASSICURAZIONE AI FINI FISCALI. FATTURA NON OBBLIGATORIA AI SENSI DELL'ART. 22 DEL D.P.R. 26/10/1972 N. 633.

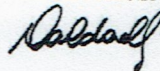
NUMERO POLIZZA 826.013.0000072485		AGENZIA VIGONZA 826	
CONTRAENTE COMUNE DI MOTTA DI LIVENZA			
DOMICILIO/SEDE PIAZZA LUIGI LUZZATTI 1		COMUNE MOTTA DI LIVENZA	PROV TV
TIPO VEICOLO AUTOVETTURA 22 CV FIAT DUCATO		TARGA VEICOLO EL919GE	
CONVENZIONE 00 - nessuna convenzione			
PERIODO DI ASSICURAZIONE PER IL QUALE E' STATO PAGATO IL PREMIO:			
Dalle ORE 24:00		DEL 30/06/2024	
		Alle ORE 24 * DEL 30/06/2025	
Proroga copertura : ore 24:00 ** del 30/07/2025			


* salvo quanto disposto dall'art. 1901 - 2° comma c.c.

** Si riferisce alla scadenza della copertura RCA comprensiva di eventuali garanzie acquistate dal Cliente per estendere il periodo

Vittoria Assicurazioni S.p.A

LEGALE RAPPRESENTANTE




1. INTERNATIONAL MOTOR INSURANCE CARD 1. CARTE INTERNATIONALE D'ASSURANCE AUTOMOBILE 1. CARTA INTERNAZIONALE DI ASSICURAZIONE VEICOLI A MOTORE						2. ISSUED UNDER THE AUTHORITY OF UFFICIO CENTRALE ITALIANO - Milano											
3. FROM VALID TO <table style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">DAY 01</td> <td style="border: 1px solid black; padding: 2px;">MONTH 07</td> <td style="border: 1px solid black; padding: 2px;">YEAR 2024</td> <td style="border: 1px solid black; padding: 2px;">DAY 30</td> <td style="border: 1px solid black; padding: 2px;">MONTH 06</td> <td style="border: 1px solid black; padding: 2px;">YEAR 2025</td> </tr> </table> <p style="text-align: center; font-size: small;">(Both Dates Inclusive)</p>						DAY 01	MONTH 07	YEAR 2024	DAY 30	MONTH 06	YEAR 2025	4. Country Code/Insurer's Code I Number I/0665/8260130000072485					
DAY 01	MONTH 07	YEAR 2024	DAY 30	MONTH 06	YEAR 2025												
5. Registration No. (or if none) Chassis or Engine No. EL919GE						6. Category of Vehicle (*) A		7. Make of Vehicle fiat									
8. TERRITORIAL VALIDITY This card is valid in Countries for which the relevant box is not crossed out (for further information , please see www.cobx.org) In each country visited, the Bureau of that country guarantees, in respect of the use of the vehicle referred to herein, the insurance cover in accordance with the laws relating to compulsory insurance in that country.																	
A	B	BG	CY ^(**)	CZ	D	DK	E	EST	F	FIN							
GR	H	HR	I	IRL	IS	L	LT	LV	M	N							
NL	P	PL	RO	S	SK	SLO	CH	AL	AND	AZ ^(**)							
BIH	BY	BY	MA	MD	MK	MNE	RUS	SRB ^(**)	TN	TR							
UA	UK																
(**)The cover provided under Green Cards issued for the Republics of Azerbaijan, Cyprus and Serbia is restricted to those geographical parts of these countries which are under the control of their respective governments. For more information, please consult http://gc-territorial-validity.cobx.org																	
9. Name and Address of the Policyholder (or User of the vehicle) COMUNE DI MOTTA DI LIVENZA PIAZZA LUIGI LUZZATTI 1 Motta di livenza TV 31045																	
10. This Card has been issued by: Name of the Insurer: Vittoria Assicurazioni S.p.A. Address of the Insurer: Sede: Italia - 20149 Milano - via Ignazio Gardella Aut. Ass. R.C.A. - Art.65 R.D.L. 29-4-1923 n.966 <small>(Optional for the insurer: - Logo of the company - Phone &/or Fax number(s) - Homepage - E-mail address)</small>						11. Signature of Insurer Vittoria Assicurazioni S.p.A. LEGALE RAPPRESENTANTE 											

Useful Information [optional for the national markets to indicate additional information]

(*) CATEGORY OF VEHICLES CODE:

- | | | | |
|--------------|--------------------------------------|-----------|----------|
| A CAR | C LORRY OR TRACTOR | E BUS | G OTHERS |
| B MOTORCYCLE | D CYCLE FITTED WITH AUXILIARY ENGINE | F TRAILER | |

