

## Refund due to total write-off

To ASFINAG MAUT SERVICE GMBH, Toll Sticker Replacement, Alpenstraße 99, 5020 Salzburg

### **Applicant (= registered vehicle owner prior to deregistration):**

Company / Name: .....

Address: .....

Name of the vehicle driver (for company vehicles): .....

Bank: .....

IBAN.....SWIFT BIC:.....

### **Reason for the total write-off:**

Accident (own fault)                       Technical defect

Other reasons: .....

**Please note that in the event of third-party negligence, the third-party liability insurance of the other party is also liable to recourse for the toll sticker.**

### **The following toll sticker had to be replaced:**

A/JV  Motorbike annual toll sticker                      Serial number: .....

B/JV  Passenger car annual toll sticker                      Valid in year: .....

I purchased a replacement toll sticker of the same type bearing serial number ..... and request reimbursement to the account shown above.

### **Declaration:**

I expressly declare that the costs of replacing the toll sticker are not covered by an insurance policy (e.g. third-party liability insurance, fully comprehensive insurance) or other claims against third parties. I hereby assign any and all other claims to ASFINAG MAUT SERVICE GMBH.

I am aware that **incorrect or false information** leading to the unauthorised replacement of a toll sticker is subject to **criminal penalties** and will always be reported to the authorities without exception.

Signature ..... Place, date: .....  
of the applicant

### **Required documents:**

- **Original annual toll sticker (removed) and receipt stub (lower portion)**
- **Copy of the deregistration certificate**
- **Total write-off or scrappage certificate** (stamp and signature of the workshop, the automobile club or the scrappage company. Important: the total write-off must be unambiguously evident)
- **Copy of the receipt stub/lower portion of the replacement toll sticker or purchase invoice**