

1. [redacted] S [redacted] (Z [redacted]) [redacted]			2. IŠDUOTAS [redacted] BIURO [redacted] [redacted] UNDER THE AUTHORITY OF THE MOTOR INSURERS' BUREAU OF THE [redacted]																																																									
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9. Draudėjas ir jo adresas Name and Address of the Policyholder (or User of the vehicle) [redacted] STANIULIENĖ P.VILEISIO G. 11 - 4, [redacted], [redacted]		11. Draudiko parašas Signature of Insurer [redacted] [redacted]
10. Šį draudimo liudijimą išdavė: (Draudiko pavadinimas ir adresas) This Card has been issued by: (Name and address of the Insurer) [redacted] Insurance SE Lietuvos filialas [redacted]nio Vilko g. 6A, LT-03507 [redacted] Įmonės kodas [redacted] Tel.: 1887, (+370 5) 268 3222 Faksas (+370 5) 268 3005		

[redacted] S [redacted] *CATEGORY OF VEHICLES CODE:		[redacted] LENGVASIS [redacted] C [redacted] ARBA [redacted] E AUTO [redacted] AS [redacted] OTHERS	
[redacted] B [redacted] D DVIRATIS SU VARIKLIU [redacted] CYCLE [redacted] WITH AUXILIARY [redacted]		[redacted] TRAILER	

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