

TO THE DEPARTMENT OF INSURANCE INDEMNITIES

Application (For losses caused to person)



Suffered person

Name, Surname/Appellation: _____ Personal No/Reg.No.: _____
e-mail: _____ Phone: _____
Address: _____ Postal code: _____
Name of the bank: _____
Account number: _____ Currency: _____

Desired kind of indemnity

- Money is transferred:
 Suffered party Authorized party Other party

If the authorized person or another person is chosen as a receiver of an indemnity it is necessary to provide the following data of this person:

Name, Surname/Appellation: _____ Personal No/Reg.No.: _____
Address: _____ Postal code: _____
Name of the bank: _____
Account number: _____ Currency: _____

Decision about an insurance indemnity, please, send to:

- by e-mail: _____
 by mail to the above-indicated mailing address

I do allow BTA to choose one of the variants how to send information in case if none of the variants is chosen or both are chosen.

If the application is filled in by the authorized person it is necessary to provide the following data of the authorized person:

Name, Surname: _____ Personal No: _____
Document which confirms rights of the authorized person: _____
(title of the document, when and where it is issued)

By signing this insurance claim application hereunder, I confirm that:

1 I am aware and agree that BTA is entitled to:

- 1.1 to make audio and video recordings of all my conversations with BTA related to investigation of the circumstances of the potential insured event and insurance indemnity payment;
1.2 to use the respective conversation records as evidence in court.

BTA informs that execution of the concluded insurance contract entails rights for BTA under the Personal Data Protection Law: in compliance with this Law, to process, incl. to obtain from registers and databases the personal data of the injured third party, to include personal identification codes for the provision of insurance services and namely: for adjustment of the reported insurance risk occurrence, for decision making on regarding the insured risk occurrence an insured event, for insurance indemnity size estimation and insurance indemnity payment.

The submitting of this application will entitle BTA to process the sensitive data of the injured third party, as insurance indemnity adjustment is not feasible without processing the sensitive data of the injured third party.

- Hereby I grant my consent to BTA to process my personal data, incl. identification codes for conducting statistical, market and public opinion studies, analysis and reporting, as well as conducting customer surveys and for risk management purposes.

Applicant

Name, Surname: _____
Signature: _____
Date: _____

Is filled in by BTA representative!

Received on: _____
Name, surname of the receiver: _____
Signature: _____