

# TO THE DEPARTMENT OF INSURANCE INDEMNITIES

Application (For receipt of insurance indemnity)



## The owner/or the holder of the vehicle or property

the owner  the holder of the damaged vehicle

Name, Surname/Appellation: \_\_\_\_\_ Personal No/Reg.No.: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Name of the bank: \_\_\_\_\_

Account number: \_\_\_\_\_ Currency: \_\_\_\_\_

## Desired kind of indemnity

On Payment of car repair service confirmed by BTA: \_\_\_\_\_ (region/city)

Money is transferred:  
 to the owner  to the holder  to the authorized person  to another person

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.

About the decision concerning an insurance indemnity, please, inform insurance broker to this e-mail: \_\_\_\_\_

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.

2 I am aware and agree that it is an obligation of a vehicle owner himself or herself to agree with a car repair company upon vehicle repair costs in a case, when the vehicle is taken to the car repair company and BTA makes a decision to reject in insurance indemnity payment.

3 I will not change the preferred kind of insurance indemnity payment indicated in this application, except when I have coordinated it in writing with BTA.

4 When the preferred kind of insurance indemnity payment in this application is indicated – services of a car repair company agreed upon with BTA, the vehicle owner / holder will have no objections that BTA provides the data of the vehicle owner / holder indicated in this application to the respective car repair company.

5 In case BTA establishes that a repair of the damaged vehicle is not economically reasonable, I will leave its salvage to BTA: Yes No

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 Policyholder, the Insured and 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.

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: \_\_\_\_\_