

# TRAVEL INSURANCE

Application for indemnity (accident which is not related to health worsening or death)



## Applicant

Name, Surname: \_\_\_\_\_ Personal No: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Policy No: \_\_\_\_\_ Travel start and end date: \_\_\_\_\_

Insured's representative (If claim is submitted in light of insured):

Name, Surname/Appellation: \_\_\_\_\_ Personal No/Reg.No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Information about the accident

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place (address): \_\_\_\_\_

## Information about circumstances of this accident

Type of accident:

Civil liability during the trip  Scheduled trip cancellation  Flight departure/arrival time mismatch

Baggage:

loss  damaged/destroyed  stolen

Delay/unreasonable detention Delayed/unduly delayed baggage was returned after the \_\_\_\_\_ hour.

Other \_\_\_\_\_

The underlying notified:

Police \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 arrived  didn't arrive  
 State fire and rescue service Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Airline: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Insurance company \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Other \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Information about damaged, destroyed or stolen baggage (if necessary, attach separate sheet)

A list of Defected, totally damaged or stolen things:

No	What kind of thing (if known the make, model, series/REF. etc)	Date of purchase (year and month)	Value at acquisition
1			
2			
3			
4			
5			
6			

Damage caused in amount of: \_\_\_\_\_ (if known)

With regards to above mentioned applicant is:

the person on whose behalf the application is submitted  
 another person, if the owner is another person specify the following data:

Name, Surname/Appellation: \_\_\_\_\_ Personal No/Reg.No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Phone, fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Applicant

Name, Surname: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## Additional information

Are other insurance contracts in force in relation and in force to this accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(state the insurance company)
Are persons know who is blamed for causing this accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(if several, mention all)
Does the perpetrator have voluntarily agreed to pay damages?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(state, how and in what amount)

Witnesses of the Accident: 1 \_\_\_\_\_  
2 \_\_\_\_\_  
(if it is known, mention name, surname, personal code, address, phone number)

Description of the accident (name, surname, personal code, address, phone number):

## Insurance indemnity transfer to account

Insured       Authorized person (Authorization must be presented)       Other person

Receiver of an indemnity:

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

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

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

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

## Information about attached documents

	Payment Document	Amount	Total amount
1 _____			
2 _____			
3 _____			
4 _____			

### By signing this application:

1 I agree that in cases, when the insurance indemnity disbursed by BTA covers a part of the losses caused as a result of the insured event, BTA is entitled to exercise its rights to recourse claim against the person at guilt for losses irrespective whether the Insured does or does not exercise its rights to bring claim against this person.

2 I acknowledge that I am aware that in relation to this insurance claim, BTA will record telephone and oral conversations, and record other information related to the potential insured event by means audio and video recording and storage devices with the right to use these records as evidence in court in a dispute regarding insurance indemnity payment;

3 I confirm that the information provided is true, complete and accurate. It has been explained to me that in the case of being provided with untruthful or deceptive information, BTA is entitled to reduce the size of insurance indemnity or reject in its payment, as well as that it entails criminal liability under Section 177 (fraud) or Section 178 (insurance fraud) of the Criminal Law. Should BTA reduce the size of insurance indemnity or reject in its payment based on the aforementioned reasons, I pledge to compensate all damages caused thereby;

4 I am aware that insurance indemnity payment is made only after all the necessary documents confirming insured event occurrence and the losses caused thereby, are submitted to BTA;

5 I hereby authorize BTA (common reg.No. 40103840140) to obtain from other legal subjects (also including airports) information that is required for establishing the circumstances of a potential insured event;

6 Should BTA make a decision to reject in insurance indemnity payment, I will inform the Policyholder about the BTA's decision.

7 I confirm that I am entitled to sign this application.

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 and the Insured, 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: \_\_\_\_\_