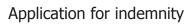
## **CARGO INSURANCE**





Applicant				
Name, Surname:	Personal No:			
Address:	Postal code:			
Phone: e-mail:				
Policy No:				
Information about the accident				
thievery as a result of a traffic accident damaged cargo delivered other:				
Established cargo damage or loss				
Date: Time: Place (address):				
Carrier name, address, phone (when more than one, specify all):				
Forwarder, if assigned (name, address, phone):				
Name of the cargo, its brief description:				
Description of damage:				
Amount of loss: (when known):				
7.11.02.11.03. (1.10.11.11.11.11.).				
The underlying notified				
Public institutions: 1	Date:	Time:		
(specify – which)	Date:	Time:		
(specify – which)				
Other persons: 1 (specify – which)	<u>Date:</u>	Time:		
2 (specify – which)	Date:	Time:		
Witnesses of the Accident: 1				
2				
(if it is known, please mention name, surname, p				
Description of incident-related facts (Detailed accident description in chronological order. If necessary, attach a separate sheet):				

Applicant
Name, Surname:

Signature:
Date:

## **Additional information**

Were any security measures provided to the cargo?	No Yes	(specify the type of security provided and by whom)		
Has an application been filed with another insurance company?	No Yes	(when known, specify – which)		
Specify documents confirming the fact of cargo damage, loss (e.g., CMR waybill, incident report, etc.)				
Specify persons responsible for damages (e.g.: cargo handler, party to a traffic accident, other carrier, etc.)				
Has the responsible person voluntarily agreed to compensate for losses?	No Yes	(specify the manner and amount)		
Information about the documents attached to the application				
Copy of the passport or the driver's licence of the submitter	Complaints submitted to and received from third parties			
Documents confirming the occurrence and causes of the accident and the amount of losses (statements, documents of public institutions, etc.)	e Transport documents (CMR waybills, bills of lading, etc.)			
Other:(all transport documents)				
Insurance indemnity payable to cargo owner by bank transfer				
Insured				
Receiver of an indemnity:				
Name, Surname/Appellation:		Personal No/Reg.No.:		
Address:		Postal code:		
Name of the bank:				
Account number:		Currency:		
Please send the decision regarding the insurance indemnity and correspondence to the owner:    by e-mail:				
by mail to the above-indicated mailing address				
I hereby authorise BTA to select one of the manners of communications in the event none are indicated or both manners of communication are indicated.				
By signing this insurance claim application hereunder, I confirm that the information provided by me is true, complete and accurate.				
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 the personal data specified in this application 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. i reporting, as well as conducting customer surveys and for risk managem		for conducting statistical, market and public opinion studies, analysis and		
Applicant	Is fi	lled in by BTA representative!		
Name, Surname:	Received on:			
Signature:	Name, surname of the receiver:			
Date:	Signature:			