PERSONAL ACCIDENTS INSURANCE

Application for indemnity

VIENNA INSURANCE GROUP

Applicant

Name, Surname: _____ Personal No: _____

Address: _____ Postal code: _____

Phone: _____ e-mail: _____

Policy No: _____

Insured (injured person)

Name, Surname: _____ Personal No: _____

Address: _____ Postal code: _____

Phone: _____ e-mail: _____

Insurance agreement information

Personal Accident insurance agreement with BTA was concluded by:

☐ bank (name of the bank): _____ ☐ other person

☐ employer (name of the employer): _____

Informācija par negadījumu

Date: _____ Time: _____ Place (address): _____

Medical institution providing medical aid: _____

Information about circumstances of this accident

This is a notification of: ☐ injury ☐ disability caused by an accident ☐ death caused by an accident ☐ critical illness

The accident has occurred: ☐ while on duty ☐ as a result of a traffic accident ☐ during sports activities ☐ otherwise

Description of the accident (Detailed accident description in chronological order. If necessary, attach a separate sheet):

Applicant

Name, Surname: _____

Signature: _____

Date: _____

Additional information

Had the Insured, within twenty-four hours prior to the accident, consumed alcohol, used narcotic or psychotropic substances, or drugs not prescribed by the doctor?	No ☐ Yes ☐	(please, specify)
Has the accident been reported to the police or other law enforcement institution?	No ☐ Yes ☐	(please, specify)

Insurance indemnity transfer to account

☐ Insured ☐ Beneficiary ☐ Heir

Receiver of an indemnity:

Name, Surname/Appellation: _____ Personal No/Reg.No.: _____

Address: _____ Postal code: _____

Name of the bank: _____

Account number: _____ Currency: _____

Partially paid and unpaid documents after decision:

☐ Don't want to receive

☐ Want to receive by post to above mentioned Insured's address

Information about the documents attached to the application (e.g., a police statement, etc. documents):

1 _____

2 _____

3 _____

4 _____

Payment Document	Amount	Total amount

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

1) the information provided by me is true, complete and accurate;

2) I hereby provide my consent to BTA to receive any information at any medical institution regarding the health condition of the Insured and medical aid received by the Insured, should such information be required by BTA for considering the circumstances of the accident and to determine the amount of insurance indemnity. Also, at the first request of BTA, the Insured shall grant its consent to the respective medical institution to release any information referred to above to BTA thus relieving the medical institution and the medic working for it from the non-disclosure obligation.

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 Beneficiary, 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 Insured, as insurance indemnity adjustment is not feasible without processing the sensitive data of the Insured.

☐ 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: _____