

PROPERTY INSURANCE

Claims application

Claimant

Name, surname: _____ Personal number: _____
e-mail: _____ Phone: _____

Damaged property owner

Name, surname / Company name: _____ Personal No./Reg.No.: _____
e-mail: _____ Phone: _____ Policy number: _____

Accident details

Date: _____ Time: _____ Location (address): _____

Accident type

Fire Natural disasters Intentional property damage Vehicle impact
 Liquid leakage from pipeline Damages caused by electric current Burglary/theft Glass damage
 Damage caused by tenants/guests Other: _____

Which competent authorities were informed of the accident?

Name of institution, date: _____

Accident description (a detailed description of the course of events in chronological order. If necessary, use a separate page to continue the description):

Estimated amount of loss (EUR): _____

Damaged movable property (if the damaged/stolen is movable property, please fill in the list of damaged property below. If necessary, continue on a separate page):

No	Property name	Year or purchase	Purchase price	Description of damages	Can this be repaired?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional information

Is the property insured with another insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(if yes, indicate – which)
Are the persons, responsible for the damage, known?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(indicate, when known)

Claimant

Name, surname: _____
Signature: _____
Date: _____

Insurance indemnity to be paid to

Damaged property owner

Other person (requires a written permission of the damaged property owner)

Name, surname / Company name: _____

Personal No./Reg.No.: _____

Bank name: _____

Account No.: _____

I agree that BTA will send the decision regarding the insurance indemnity

by e-mail: _____

by post: _____

I authorize BTA to choose one of the notification types in case neither or both types of notification are indicated.

By signing this application, I certify that the information provided by me is true, complete and accurate.

BTA, as the personal data controller, processes personal data of natural persons for Insurance services provision purposes in compliance with personal data processing requirements defined in the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) and other regulatory enactments.

Principles of personal data processing performed by BTA are published on BTA website www.bta.lv

Claimant

Name, surname: _____

Signature: _____

Date: _____