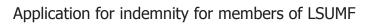
PERSONAL ACCIDENTS INSURANCE





Applicant						
Insured:						
Name, Surname:			Personal No:			
Address:			Postal code:			
Phone:		e-mail:				
Ship's name:		Policy/card number:				
Employer (Shipping company) name:						
Positon on board:		Norakstīšanas datums:	Norakstīšanas datums:			
Deaccession reason:						
Apdrošinātā pārstāvis (Ja pieteikumu i Name, Surname: Address:	iesniedzat apdrošinātā vārdā):		Personal No: Postal code:			
Phone:		e-mail:				
Information about the accident	t					
Date:	Time: Pl	lace (address):				
Information about circumstance	es of this accident					
Type of event: illness social trauma other	a trauma for road traf	ffic accident sport's trau	ıma 🔲 work trauma	death		
Sick-leave certificate: No	Yes					
		Till	l date:			
	Issued by:					
Description of the accident (Detailed	accident description in chronologica	al order. If necessary, attach a separate s	heet):			

Applicant

Name, Surname:

Signature:

Date:

Papildu informācija

Was at the date of accident insured under the influence of alcohol, other narcotic substances or used medicine not prescribed by doctor?	No Yes	(state, what exactly)				
Was this accident caused with regards to road traffic accident?	No Yes	(state vehicle made, registration plate number, institution which investigated)				
Are other insurance contracts signed in relation to this accident?	No Yes	(state the insurance company)				
Witnesses of the Accident: 1						
2 (if it is known m	ention name curname	e, personal code, address, phone nun	nhar)			
Insurance indemnity transfer to account	ichidon name, samam	z, personal code, address, phone han	iliber)			
☐ Insured ☐ Authorized person (Authorization must be pres	sented)	Other person				
Receiver of an indemnity:						
Name, Surname/Appellation:	Aame, Surname/Appellation: Personal No/Reg.No.:					
Address:		Postal cod	le:			
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 attached documents						
1	Payment	Document	Amount	Total amount		
2						
3						
8v signing this application:						
By signing this application: 1 I acknowledge that I am aware that in relation to this insurance claim, BT. potential insured event by means audio and video recording and storage device indemnity payment;						
2 I hereby authorize BTA to obtain from other legal subjects (including medica the potential insured event, about the health condition of the insured person a 3 I confirm that the information provided is true, complete and accurate. It information, BTA is entitled to reduce the size of insurance indemnity or reject 178 (insurance fraud) of the Criminal Law.	nd the medical aid re has been explained	eceived by the insured person; to me that in the case of being	provided with	untruthful or deceptive		
4 I am aware that insurance indemnity payment is made only after all the ne submitted to BTA;	cessary documents	confirming insured event occurren	ce and the los	ses caused thereby, are		
5 I agree that the fee for partially paid and unpaid delivery of documents by re of receipt of payment documents in the insurance claim application;6 I confirm that I am entitled to sign this application.	egistered mail will be	e deducted from the insurance inde	emnity, when I	have specified this kind		
BTA informs that execution of the concluded insurance contract entails rights for obtain from registers and databases the personal data of the Policyholder, insurance services and namely: for adjustment of the reported insurance risk of insurance indemnity size estimation and insurance indemnity payment. The submitting of this application will entitle BTA to process the sensitive databases.	the Insured and the occurrence, for decision	Beneficiary, to include personal in on making on regarding the insure	dentification condition dentification condition dentification control dentification de	odes for the provision of nce an insured event, for		
sensitive data of the Insured. Hereby I grant my consent to BTA to process my personal data, incl. idea reporting, as well as conducting customer surveys and for risk management	entification codes for	, ,				
Applicant						
Name, Surname:						
Signature:						

Date: