

# PET INSURANCE

## Application for indemnity

### Applicant

Name, Surname: \_\_\_\_\_ Personal No: \_\_\_\_\_

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Policy No: \_\_\_\_\_

Insured's representative (If you submit claim 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 the suffered pets

Pet's owner:

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

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

Phone: \_\_\_\_\_ e-pasts: \_\_\_\_\_

In accident suffered pets (if necessary, attach separate sheet):

No	Description of the pet (Species, sex, breed, color, special features)	Identification / registration document Name and number
1		
2		
3		
4		

### Type of accident

Type of accident:

- Pet theft or robbery  Damage to domestic animals (details of the accident indicate the extent or causes of)
- Pet death (accident description to indicate the causes of death)  Other \_\_\_\_\_

The underlying notified:

- Police \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 arrived  didn't arrive
- Food and Veterinary Service \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
- State fire and rescue service \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Insurance company \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Veterinarian \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Other \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### 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)
---	--	-------------------------------

Witnesses of the Accident: 1 \_\_\_\_\_

2 \_\_\_\_\_

(if it is known, mention name, surname, personal code, address, phone number)

### Applicant

Name, Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

---

**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: \_\_\_\_\_ e-mail: \_\_\_\_\_

---

**Information about attached documents**

- Applicants passport or drivers license copy                       Animal identification / registration documents (passport, certificate, etc.)
- Documents verifying the membership of the accident, the causes, extent of damage (References, cited by public authorities, expertise, etc.)                       Ownership approval of the suffered pets
- A copy of the insurance contract                       Other \_\_\_\_\_

**By signing this application:**

- 1 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;
- 2 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;
- 3 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;
- 4 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 I, the Insured, do or do not exercise my rights to bring claim against this person.
- 5 Should BTA make a decision to reject in insurance indemnity payment, I will inform the Policyholder about the BTA's decision.
- 6 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: \_\_\_\_\_