

PERSONAL ACCIDENTS INSURANCE INDEMNITY

Application for members of LSUMF



Is filled in by BTA representative!

Received on: _____
Place where received: _____
Name, surname of the receiver: _____
Signature: _____

Reference number of indemnity claim: _____

Applicant:

Insured:

Name, Surname: John Doe Personal No: 18056422222
Address: Wilhelmstrasse 49/15 G Berlin, Germany Postal code: D-10117
Phone, fax: +49 12346 789 e-mail: john.doe@gmail.com
Ship's name: Stolt Policy/card number: 9998/13456
Employer (Shipping company) name: Stolt
Position on board: senior engineer Deaccession date: 15.06.2010
Deaccession reason: termination of contract I agree, to receive related information from BTA by e-mail: No Yes

Insured's representative (If you submit claim in light of insured)

Name, Surname: _____ Personal No: _____
Address: _____ Postal code: _____
Phone, fax: _____ e-mail: _____

Information about the accident

Date: 10.01.2010 Time: 17:00 Place: Riga, Brīvības Street 102

Information about circumstances of this accident:

Type of event:

illness social trauma trauma for road traffic accident sport's trauma work trauma death
 other _____

Sick-leave certificate:

No Yes
From date: 10.01.2010 Till date: 10.03.2010
Issued by: MC Elite

Description of the accident:

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

Walking on the street, I tripped and hurt ankle. Felt pain. On the same day I went to MC Elite and they
made X-ray and found that my ankle was broken. Gypsum was put on and I gave blood test. All sicknes time I was in ambulance.

Applicant:

Name, Surname: John Doe
Signature: _____
Date: 11.01.2010.

Additional information:

Was at the date of accident insured under the influence of alcohol, other narcotic substances or used medicine not prescribed by doctor?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(state, what exactly) _____
Was this accident caused with regards to road traffic accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(state vehicle made, registration plate number, institution which investigated) _____ _____ _____
Are other insurance contracts signed in relation to this accident?	No <input checked="" 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)

Insurance indemnity transfer to account: Insured Authorized person (Authorization must be presented) Other person**Receiver of an indemnity:**

Name, Surname/Appellation: John Doe

Personal No/Reg.No: 18056422222

Address: Wilhelmstrasse 49/15 G Berlin, Germany

Postal code: D-10117

Name of the bank: SWEDBANKA

Account number: L / V / X / X / U / N / L / A / X / X / X / X / X / X / X / X / X / X / X / X / X /

Currency: EUR

Partially paid and unpaid documents after decision: Don't want to receive Want to receive by post to above mentioned Insured's address: regular letter without cost registered letter, with cost agreed by BTA price list**Information about attached documents:**

	Name of the document	Amount	Total sum
1. Sick leave note			
2. Extract from doctor	5. check	4	12
3. Blood test	6.		
4.	7.		

By signing this application:

- I am informed and I agree that with regards to this claim BTA will make phone and live conversation recordings, will file other information with regards to insurance claim, using audio and video information recording and storage devices with right to use these recordings as a proof in court proceedings in insurance claim litigation.
- I confirm that I allow BTA (reg.code 40003159840) receive from other competent entities (including also medical doctors, medical instances, Health relation centre) information about insureds persons health condition and to receive medical treatment, which necessary for possible insurance claim investigation.
- I confirm that provided information is true, full and precise. It is explained to me that in case of providing untrue and misleading information, BTA has the right to diminish amount of the indemnity or to refuse in its payment and also it can lead to criminal responsibility in accordance with Paragraph 177 (fraud) and Paragraph 178 (insurance fraud) of Criminal Law. If BTA reduces an indemnity or refuses in payment because of the mentioned reasons I do promise to cover all the losses.
- I realize that the payment of insurance recovering can be done only when BTA receives all necessary documents confirming the case of insurance and the amount of an indemnity caused in the result of Accident.
- I confirm that I allow BTA as a system administrator, a receiver and an operator of personal data to receive and to process personal data mentioned in the application and identification (classification) personal codes for implementing the insurance contract in accordance with the Law about protection the data of physical persons and other legislation acts of the Latvian Republic.
- I agree that the cost for receiving partially paid and unpaid documents by registered will be deducted from insurance indemnity, If I have chosen the option.
- I confirm, that I have the right to sign this application

Applicant:

Name, Surname: John Doe

Signature: _____

Date: 11.01.2010.