TO THE DEPARTMENT OF INSURANCE INDEMNITIES
Application (for personal losses)

BTA

Filled in by BTA representative!

Received on: _____

Name, Surname of the receiver: _____

Signature: _____

Reference number of indemnity claim: _____

Suffered person:

Name, Surname/Appellation: **JOHN DOE**

Personal code/Reg. No.: **000000-00000**

e-mail address: **john.doe@gmail.com**

Phone: **+49 12346 789**

Address: **WILHELMSTRASSE 49/15 G, BERLIN, GERMANY**

Index: **D-10117**

Name of the bank: **SEB**

Account number: **X / X / 0 / 0 / X / X / X / X / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0**

Currency: **MULTI**

Desired kind of indemnity:

[X] Money is transferred:

   [X] Suffered party   [ ] Authorized party   [ ] Other party

If the authorized person or another person is chosen as a receiver of an indemnity it is necessary to provide the following data of this person:

Name, Surname/Appellation: _____

Personal code/Reg. No.: _____

Address: _____

Index: _____

Name of the bank: _____

Account number: ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___

Currency: _____

Decision about an insurance indemnity, please, send to:

[X] e-mail address: **john.doe@gmail.com**

[ ] the above mentioned address by post

I do allow BTA to choose one of the variants of sending information in case if none of the variants is chosen or both are chosen.

If the application is filled in by the authorized person it is necessary to provide the following data of the authorized person:

Name, Surname: _____

Personal code: _____

Document which confirms rights of the authorized person: _____

(title of the document, when and where it is issued)

Suggestions how to improve work of BTA: _____

By signing this application I confirm:

1. I am informed and I agree that BTA has rights:
1.1. to make video and audio recordings of my conversations with BTA concerning clarification of the circumstances of the claim and payment of an insurance indemnity;
1.2. to use recorded conversations as proofs in court proceedings;
2. 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.

Applicant:

Name, Surname: **JOHN DOE**

Signature: _____

Date: **3.05.2012**