

TO THE DEPARTMENT OF INSURANCE INDEMNITIES

Application (for the insurance indemnity)



Filled in by BTA representative!

Received on: _____
Name, Surname of the receiver: _____
Signature: _____

Reference number of indemnity claim: _____

The owner/or the holder of the vehicle or property:

the owner the holder of the damaged vehicle

Name, Surname/Appellation: JOHN DOE Personal code/Reg. No.: 180564-22222

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 / 0 / Currency: MULTI

Desired kind of indemnity:

On Payment of car repair service confirmed by BTA: BAUSKA
(region/city)

Money is transferred:
 to the owner to the holder to the authorized person to another person

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: _____ Phone: _____

Name of the bank: _____

Account number: _____ Currency: _____

Decision about an insurance indemnity, please, send to:

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

the above mentioned address by post

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

About the decision concerning an insurance indemnity, please, inform insurance broker to this e-mail: XXXXXXX@bmk.lv

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:

- 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;
- I am informed and I agree that in case BTA refuses to pay an indemnity and in case the vehicle is in car repair service the owner of the vehicle is obliged himself to make an agreement with car repair service about payment for repair works.
- I do promise not to change the kind of receiving an indemnity chosen in this application unless an agreement is made with BTA in writing.
- Choosing indemnity as car repair service confirmed by BTA I do allow BTA to forward the data of the owner/holder of the vehicle provided in this application to the service.
- 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.
- If BTA makes a decision that car repair works are not economically reasonable I will leave will not leave wracks of the vehicle to BTA.
- I hereby agree that in the events when the insurance indemnity paid out by BTA covers part of the losses caused due to the occurrence of the insured event, BTA is entitled to exercise its right of recourse against the person who is responsible for the losses irrespective of whether I (Insured) have or have not exercised my right to bring an action against the aforementioned person.
- If BTA makes a decision to refuse to pay out the insurance indemnity, I hereby undertake to inform the Policyholder of the decision adopted by BTA.

Applicant:

Name, Surname: JOHN DOE

Signature: _____

Date: 01.05.2012