

# TO THE DEPARTMENT OF INSURANCE INDEMNITIES

## Insurance Claim (Regarding Damages or Loss of the Vehicle)



### Filled in by BTA representative!

Received on: \_\_\_\_\_

Name, Surname of the receiver: \_\_\_\_\_

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

Reference number of indemnity claim: \_\_\_\_\_

Insurance policy number: (CASCO or Responsible OCTA) \_\_\_\_\_

### Applicant:

Name, Surname: JOHN DOE

Personal code: 000000-00001

Address: WILHELMSTRASSE 49/15 G BERLIN, GERMANY

Phone: +49 12346 789

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

### Information about the Accident:

Date: 01.02.2012. Time: 17:00 Place (address): Riga, Kr. Valdemara and Elizabetes street crossroad

### Information about the vehicle:

Your vehicle:

Make, model: BMW 320

Registration plate number: CK8585

The other vehicle\*:

Make, model: AUDI100

Registration plate number: CE7937

\* If more than two vehicles are involved in the accident, the rest of vehicles are to be specified in Section: Information on the Accident Circumstances!

### Information about the driver of the damaged vehicle:

Name, Surname: JOHN DOE

Personal code: 000000-00001

Address: WILHELMSTRASSE 49/15 G BERLIN, GERMANY

Phone: +49 12346 789

### It was informed about Accident to:

112 25252525, CALL NO. 10  
(indicate the tel. No from which the call was received and reg. No of the call, if it is known)

Date: 1.02.2012. Time: 17:10

BTA 26 12 12 12 25252525  
(indicate the telephone number from which the call was received)

Date: 1.02.2012. Time: 17:20

Police RIGA ROAD POLICE, 112, 25252525  
(indicate the department, indicate the contact number to which and from which the call was made)

Date: 1.02.2012. Time: 17:15

Another Institution -  
(indicate to which and how)

Date: - Time: -

### Processing of the Accident:

Police report EZ 100000  
(report number)

Agreed notice

The aforementioned documents were not received

### Additional Information:

How long were you present at the accident scene, after the accident occurred till you left?	<u>2</u> hours <u>30</u> minutes
Were there any outstanding damages of your vehicle prior to this accident (e.g. compression marks, scratches)?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (specify)
Is an insurance claim submitted regarding this accident to another insurance company?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (specify the company)
Were any of the vehicles drivers involved in the accident under the influence of alcohol or narcotic substances?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (specify the driver)
Did any of the vehicle drivers involved in the accident violently leave the site of the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (specify)
Were there any injured or dead (underline the correct) during the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (specify)
Are there any video records or photos from the site of the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (specify)

No  Yes  Was there transportation of the damaged vehicle: \_\_\_\_\_ (specify)

No  Yes  Have the damages sustained during the accident been partially or completely repaired: \_\_\_\_\_ (specify)

Amount of Damage: 500 LVL  
(if it is known)

Damaged property can be inspected by an appointed BTA expert:

On the territory of BTA  In another place: \_\_\_\_\_

(address, name, surname, phone number of contact person)

### Applicant:

Name, Surname: JOHN DOE

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

Date: 1.02.2012.

Witnesses of the Accident: 1. -----  
2. -----  
(if it is known, please mention name, surname, personal code, address, phone number)

**Information about Circumstances of Accident:**

**Description:**

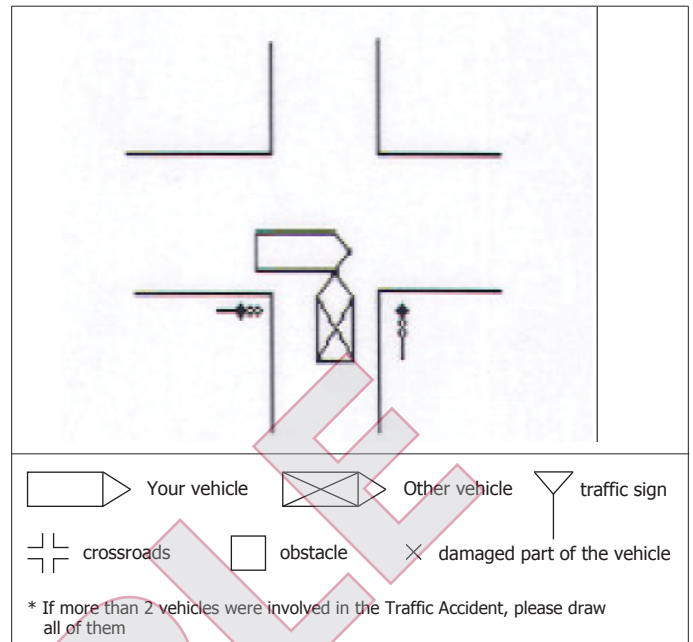
(in detail, in chronological sequence)

WHEN STOPPING BY THE RED LIGHT IN CROSSROAD AUDI 100  
IGNORED DISTANCE AND HIT MY VEHICLES BACK. AFTER  
ACCIDENT POLICE WAS CALLED AND ACCIDENT AGREEMENT  
FILLED.

(Description of the damages your vehicle has sustained during the accident)

DAMAGE DONE TO BACK BUMPER.

**Scheme at the moment of the Accident:**



Road and weather conditions: SNOWING, ICE COVERED ROAD

Speed of your vehicle directly before Traffic Accident (km/h): 20 km/h

Other important information on the accident (observations, disparities):

**To be filled out by the person who claims the insurance indemnity (owner, authorised person):**

Preferred way to receive the insurance indemnity (choose one):

- Paying for the services provided by the service centre approved by BTA: \_\_\_\_\_ (city, county)
- Transferring the amount to the vehicle owner (holder, in the event of loan liabilities)

Name, Surname/Appellation: JOHN DOE Personal code/Reg. No.: 000000-00001

Address: WILHELMSTRASSE 49/15 G BERLIN, GERMANY

Name of the bank: SEB

Account number: L / V / 6 / 1 / U / N / L / A / 0 / 0 / 0 / 2 / 0 / 2 / 0 / 4 / 6 / 7 / 6 / 0 / 9 / Currency: LVL

Please send the decision regarding the insurance indemnity and correspondence to the vehicle owner/holder:

- by e-mail: john.doe@gmail.com
- by mail to the above-indicated mailing address

I hereby authorise BTA to select one of the manners of communications in the event none are indicated or both manners of communication are indicated.

**Information about the documents attached to the application:**

- Copy of the driving licence
- Copy of the vehicle's certificate of registration
- Accident Agreement
  - original
  - copy
- Other \_\_\_\_\_

By signing this claim I hereby confirm that:

- 1) the provided information is true, complete and accurate;
- 2) for the execution of the insurance contract I authorise BTA, as the manager of the system, recipient of personal data and operator of personal data, to receive and process personal data provided in the claim, including sensitive personal data and personal identification codes in accordance with the Personal Data Protection Law and other regulatory enactments of the Republic of Latvia and I am informed and agree that, in relation to this insurance claim, BTA will record telephone and verbal conversations, and fix other information related to the potential insured event, using audio and video recording and storage devices having the right to use those records as evidence.

Proposals for improving BTA work: \_\_\_\_\_

**Applicant:**

Name, Surname: JOHN DOE

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

Date: 1.02.2012.