

MTPL INSURANCE

Application for indemnity (personal losses)



Is filled in by BTA representative!

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

Reference number of indemnity claim: _____

Applicant:

Name, Surname: JOHN DOE Personal code: 000000-00001
Address: WILHELMSTRASSE 49/15 G BERLIN, GERMANY Phone: 25252525
e-mail: john.doe@gmail.com

Information about the Accident:

Date: 01.02.2012. Time: 17:00 Place (address): RIGA, SKANSTES STREET 16

Information about the liable vehicle:

Make, model: AUDI 100 Reg. plate No.: CE1111
MTPL No Yes Insurer: BTA Insurance policy No.: OS154565

Information about the suffered person:

Driver Passenger Pedestrian Bicyclist Other person _____

Name, Surname: JOHN DOE Personal code: 000000-00001
Address, e-mail: WILHELMSTRASSE 49/15 G BERLIN, GERMANY john.doe@gmail.com Phone: 25252525

Where was the suffered person at the moment of Accident? in the damaged vehicle in another vehicle on the pavement in another place _____

Information about the losses of the suffered person:

First aid was applied by (name the medical institution): RIGA'S 1ST HOSPITAL

Treatment was continued (name the medical institution): RIGA'S 1ST HOSPITAL

Value of your personal injury claim (amount, if known): 300 LVL

Losses of the suffered party are connected with:

person treatment temporary disablement complete disablement non-material losses
 burial expenses loss of the breadwinner other reasons _____

It was informed about Accident to:

112 25252525, CALL NO.10 Date: 01.02.2012. Time: 17:00
(indicate the tel. No from which the call was received and reg. No of the call, if it is known)
 BTA 26 12 12 12 25252525 Date: 01.02.2012. Time: 17:10
(indicate the telephone number from which the call was received)
 Police TRAFFIC POLICE RIGA, 112, 25252525 Date: 01.02.2012. Time: 17:15
(indicate the department, indicate the contact number to which and from which the call was made)
 Another Institution EMERGENCY, ON PHONE Date: 01.02.2012. Time: 17:05
(indicate to which and how)

Processing of the Accident:

Police report EZ 100000
(report number)

Additional Information:

Was anyone involved in Accident under the influence of alcohol or other narcotic substances?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(If yes, please specify)
Did anyone of the involved parties leave the place of Accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(If yes, please specify)
Did anybody have personal injuries?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(If yes, please specify)
Were there perished persons in the result of this Traffic Accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(If yes, please specify)

Applicant:

Name, Surname: JOHN DOE
Signature: _____
Date: 01.02.2012.

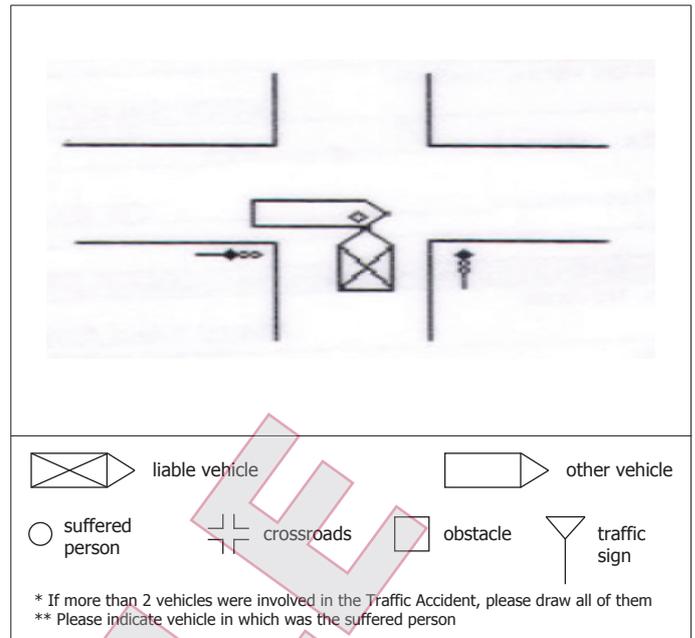
Information about Circumstances of Accident:

Description:

(Description of the accident circumstances in chronological order, also specifying details on personal injuries if any sustained)

I WAS A PASSENGER IN VEHICLE BMW DRIVING ON
K. VALDEMARA STREET WHEN SUDDENLY VEHICLE AUDI 100
CROSSED ROAD ON RED LIGHT AND HIT OUR VEHICLE
SPEED AT THE TIME OF ACCIDENT 50KM/H.
AFTER ACCIDENT EMERGENCY MEDICAL ASSISTANCE AND
POLICE WAS CALLED.
AT THE RESULT OF ACCIDENT MY RIGHT HAND WAS FRACTURED.

Scheme at the moment of the Accident:



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

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

Insurance indemnity is to be paid with wire transfer

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

Address: WILHELMSTRASSE 49/15 G BERLIN, GERMANY Index: D-10117

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: (document name, number, total):

- 1. RIGA'S 1ST HOSPITAL DISCHARGE 4.
- 2. MEDICAL TREATMENT CHECKS, 2 PSC, 20 LVL 5.
- 3. PASSPORT COPY 6.

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: 01.02.2012.