

MTPL INSURANCE

Application for indemnity (damages caused to the property)



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: +49 12346 789
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 damaged property:

Building Fence Gas station, equipment road buildings, traffic sign immovable property Other real estate Other movable property

No. in order	List of the objects damaged in Traffic Accident	Year of output (production)	Actual value
1.	<u>GAS STATION EQUIPMENT</u>	<u>2003</u>	<u>10 000 LVL</u>
2.			
3.			
4.			

Information about the owner of the damaged property:

Name, Surname/Appellation: SIA BBB Personal code/Reg.No.: 40005258819
Address: RIGA, KR. VALDEMARA STREET 155 Phone: 25252525
e-mail: bbb@inbox.lv

Information about the holder of the damaged property:

Name, Surname/Appellation: SIA ZZZ Personal code/Reg.No.: 50003251114
Address: RIGA, SLOKAS STREET 122 Phone: 25252525
e-mail: zzz@inbox.lv

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 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: 17:05
(indicate the department, indicate the contact number to which and from which the call was made)
 Another Institution ---- Date: ---- Time: ----
(indicate to which and how)

Processing of the Accident:

Police report EZ 100000
(report number)

Additional Information:

Amount of Damage: 2000 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: 01.02.2012.

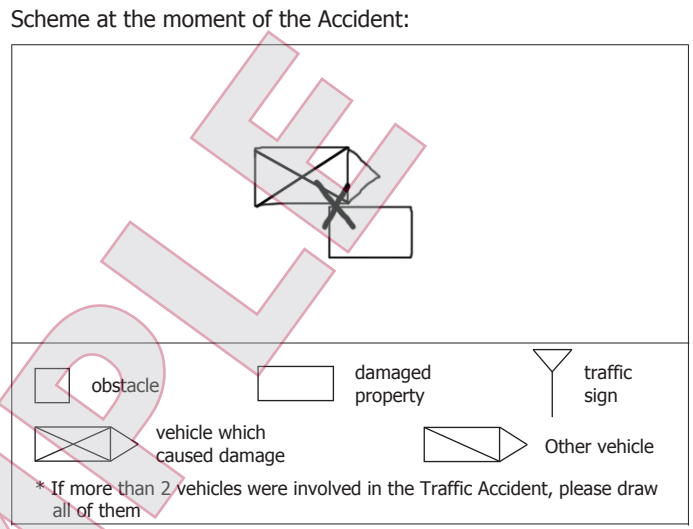
Are there any previous damages to the property that have not been removed	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(If yes, please specify)
Was anyone involved in Accident under the influence of alcohol or other narcotic substances?	No <input checked="" type="checkbox"/> Yes <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 Accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(If yes, please specify)

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)

VEHICLE AUDI 100 WAS LEAVING THE GAS STATION AND
DAMAGED THE FUEL FILLING COLUMN.
THE SPEED WAS AT 10KM/H.



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

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

Insurance indemnity is to be paid with wire transfer to the owner (in case of credit obligation – to the holder)

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:

- | | |
|-------------------------------|----------|
| 1. <u>LAND REGISTER COPY</u> | 4. _____ |
| 2. <u>PHOTOS 4 PCS.</u> | 5. _____ |
| 3. <u>COPY OF THE ID CARD</u> | 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.