

### 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: **18056422222**

Address: **WILHELMSTRASSE 49/15 G, BERLIN, GERMANY** Index: \_\_\_\_\_ Phone: **+49 12346 789**

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

Relation to vehicle:  owner  holder  driver  another person:

### Information about the Traffic Accident:

Date: **01.02.2012.** Time: **17:00** Place: **RIGA, KR.VALDEMARA AND ELIZABETES STREET CROSSROAD**

### Information about the vehicle:

#### Your vehicle:

Make, model: **BMW 320**

Registration plate number: **CK8585**

Number of certificate of registration: **AE123456**

MTPL insurance No  Yes  Insurer: **BTA**

Insurance policy number: **OS 811155**

CASCO No  Yes  Insurer: **BTA**

Insurance policy number: **49-03-121117**

Had your vehicle got any damages before the Traffic Accident:

No  Yes

(please mention damages)

#### The other vehicle:

Make, model: **AUDI 100**

Registration plate number: **DOSW3070**

Number of certificate of registration: \_\_\_\_\_

MTPL insurance No  Yes  Insurer: **Allianz Versicherungs**

Insurance policy number: **DE 13212345654**

CASCO No  Yes  Insurer: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

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

Name, Surname: **JOHN DOE** Personal code: **18056422222**

Address: **WILHELMSTRASSE 49/15 G, BERLIN, GERMANY** Index: \_\_\_\_\_ Phone: **+49 12346 789**

e-mail address: **john.doe@gmail.com** Reg. No. of the driving licence: **AA102030**

### Additional Information:

It was informed about Accident to:

Police **RIGA'S CITY POLICE**

arrived  didn't arrive

police report was drawn up  wasn't drawn up

State Emergency Service

Insurance Company: \_\_\_\_\_

Another Institution: \_\_\_\_\_

Date: **01.02.2012.** Time: **17:00**

Date: --- Time: ---

Date: --- Time: ---

Date: --- Time: ---

Accident Agreement was filled in:

Yes  No

Damaged vehicle can be inspected by an appointed expert:

On the territory of BTA  In another place

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

After Traffic Accident vehicle was repaired:

No  Yes

(please mention damages)

### Applicant:

Name, Surname: **JOHN DOE**

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

Date: **01.02.2012.**

Are there any photos or footage of the accident scene available?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(Please specify)
Did anyone of the involved parties leave the place of Accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(Please specify)
Did anybody have personal injuries?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(Please specify)
Were there perished persons in the result of this Traffic Accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(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 Traffic Accident:**

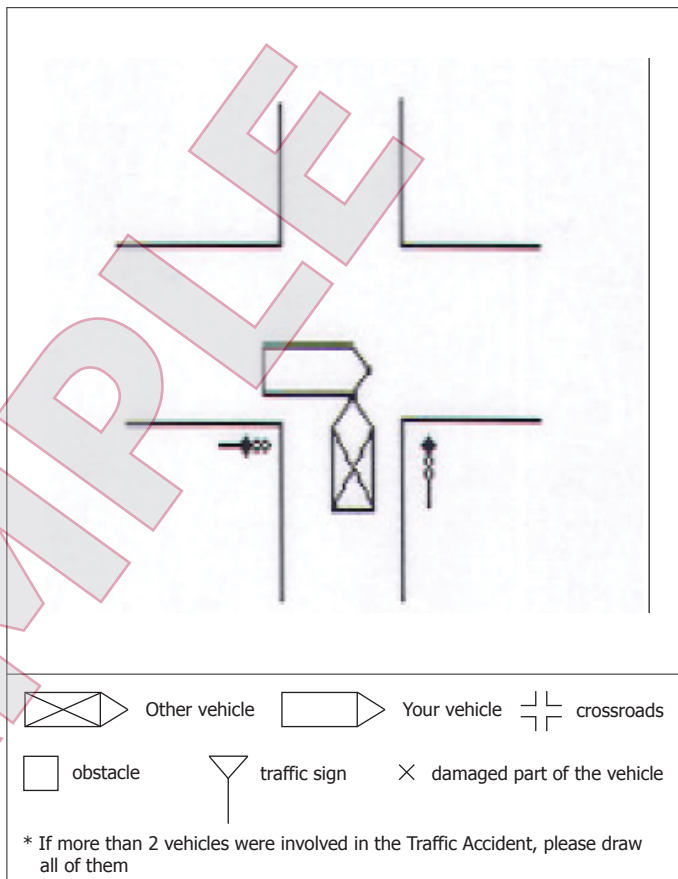
Description of Traffic Accident:  
 (in detail, in chronological sequence)

When stopping by the red light in crossroad AUDI 100 ignored  
 and hit my vehicles back. After accident police was called and  
 Accident agreement filled.

(damages appeared in the result of this Traffic Accident)

Damage was done to my vehicle's right wing. Hidden defects possible.

Scheme at the moment of the Traffic Accident:



Circumstances of Traffic Accident:

Weather conditions and conditions of road surfacing: Snow, Ice covered road

Speed of your vehicle directly before Traffic Accident: 20 km/h Permitted speed: 50 km/h

**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 of CASCO insurance policy
- Copy of OCTA insurance policy
- Other documents

By signing this application:

1. I confirm that we made the agreement with the suffered party about the compensation of the damages: Yes  No   
 The damages are compensated:
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 including sensitive personal data 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.
3. I confirm that I am informed about criminal responsibility in accordance with Paragraph 177 (fraud) and Paragraph 178 (insurance fraud) of Criminal Law.
4. I am informed and I agree that with regards to this claim BTA will make phone and live conversation recordings, will file other information with regards to insurance claim, using audio and video information recording and storage devices with right to use these recordings as a proof in court proceedings in insurance claim litigation.

**Applicant:**

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