

# CASCO INSURANCE

## Application for indemnity (In case of vehicle theft)



### Is filled in by BTA representative!

Received on: \_\_\_\_\_  
Name, surname of the receiver: \_\_\_\_\_  
Signature: \_\_\_\_\_

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

Insurance policy number: **49 – 03 11111**

### 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 on vehicle theft:

Date: **3.05.2012** Time: **7:45** Place (address): **18 Druvienas Street in Riga**

### Information on the stolen vehicle:

Make, model: **AUDI** Registration plate number: **CE1111**  
Color: **GREEN** Date of the first registration: **16.05.2010.**

### Information about the driver:

Name, Surname: **JOHN DOE** Personal code: **000000-00001**  
Address: **WILHELMSTRASSE 49/15 G BERLIN, GERMANY** Phone: **25252525**

### Additionally reported to:

Police **STATE POLICE , 110, 72010101** Date: **3.05.2012** Time: **17:00**  
(indicate the department, indicate the contact number to which and from which the call was made)  
 BTA 26 12 12 12 **72010101** Date: **3.05.2012** Time: **17:10**  
(indicate the telephone number from which the call was received)

### Information on the vehicle theft circumstances:

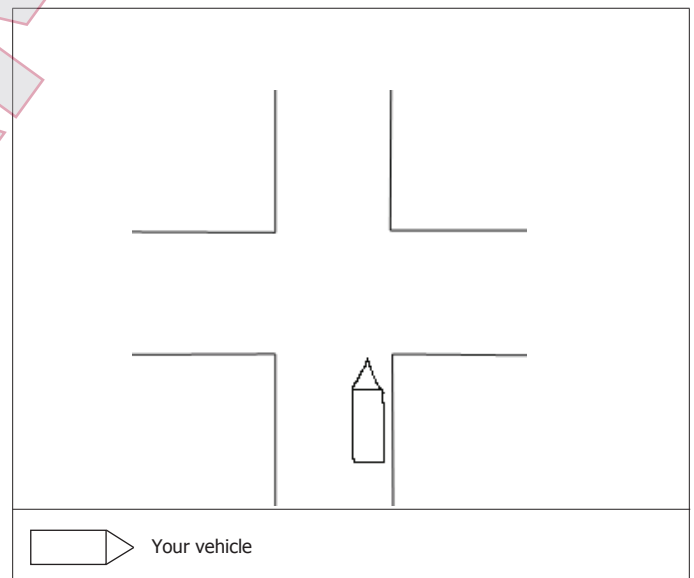
#### Description:

(in detail, in chronological sequence)

On May 2nd at 07:00 PM the car had been parked at a house on  
18 Druvienas Street in Riga.

On May 3rd at 07:45 AM it was found out the vehicle AUDI  
was stolen.

#### Scheme at the moment of the theft:



### Information about the documents attached to the application: **Copy of passport and driver's license.**

By signing this application:

- 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.
- I hereby am aware that a precondition to receiving the Insurance indemnity is explanations provided by the legal user, owner of the vehicle. Information on the vehicle theft circumstances must be submitted to the BTA Economic Security Department, agreeing on the time of the visit in advance by telephone (+371) 26 12 12 12.

### Applicant:

Name, Surname: **JOHN DOE**  
Signature: \_\_\_\_\_  
Date: **3.05.2012**