INSURANCE OF LEGAL EXPENSES

Accident report (OCTA legal assistance)



Is filled in by BTA representative!	
Received on:	Reference number of indemnity claim:
Name, surname of the receiver:	
Signature:	Insurance policy number:
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	
Legal assistance claim to:	
receive indemnification for the losses incurred due to the road traffic accident (RTA) from the insurance company that has insured civil liability of the vehicle owner who has caused the RTA or from a vehicle insurance bureau of a respective country; receive the compensation for the losses incurred due to the road traffic accident from the responsible person when the losses are not indemnified in accordance with	
the regulatory enactments governing the compulsory civil liability insurance of motor vehicle owners or that exceed the liability limits prescribed by the aforementioned regulatory enactments;	
to defend legal rights in the criminal proceedings initiated in relation to the RTA according to which the owner, holder or authorised driver of the vehicle claims the loss compensation pursuant to the regulatory enactments governing compulsory civil liability insurance of motor vehicle owners;	
receive defence of legal rights in administrative proceedings and administrative cases in relation to administrative violations regarding road traffic using the vehicle specified in the OCTA contract.	
Information about the Accident:	
Date: 01.10.2012. Time: 17:00 Place: F	NIGA, KR.VALDEMARA AND ELIZABETES STREET CROSSROAD
Gadījuma apraksts:	
AUDI VEHICLE CROSSED THE CROSSROAD AT A RED LIGHT AND CAUSED THE COLLISION WITH MY BMW VEHICLE WHEN I STARTED	
DRIVING AT THE GREEN LIGHT.	
THE ROAD POLICE WAS IMMEDIATELY CALLED AND HELPED FILL OUT THE COORDINATED ACCIDENT STATEMENT.	
MY CAR'S FRONT FENDER WAS DAMAGED.	
THERE IS A POSSIBILITY OF HIDDEN DEFECTS.	
Information about the vehicle:	
Your vehicle (or the vehicle where the injured person was):	
Make, model: BMW 320	Registrion plate number: CK8585
Damaged vehicle can be inspected by an appointed expert:	
☐ In another place (address, name, surname, phone number of contact person)
Information about the documents attached to the application:	
COPY OF THE VEHICLE'S CERTIFICATE OF REGISTRATION. ACCIDENT AGREEMENT	
Applicant:	
Name, Surname: JOHN DOE	
Signature:	
Date: 02.10.2012.	