

TRAVEL INSURANCE INDEMNITY

Application (regarding the deterioration of health status or death of a person)



Filled out by a BTA representative!

Received on: _____
Place where received: _____
Name, surname of the receiver: _____
Signature: _____

Reference No of indemnity claim: _____

Applicant:

Name, Surname: John Doe Personal No: 1805642222
Address: Wilhelmstrasse 49/15 G Berlin, Germany Postal code: D-10117
Phone, fax: +49 12346 789 e-mail: john.doe@gmail.com
Policy series: CN - 15 number: 80234050 I agree, to receive related information from BTA by email: No Yes

Insured's representative (If claim is submitted in light of insured)

Name, Surname: Julia Doe Personal No: 190699 11111
Address: Wilhelmstrasse 49/15 G Berlin, Germany Postal code: D-10117
Phone, fax: +49 12346 789 e-mail: julia.doe@gmail.com

Information on the Accident:

Date: 01.01.2010 Time: 17:00 Place: Riga, Skanstes street 16

Information about circumstances of this accident:

Doctor's opinion (diagnosis): arm fracture

Type of the accident:

- Accident
 household injury injury in the event of a road traffic accident sports injury injury at work other _____
 Emergency dental services Acute serious illness Death Other _____

Description of the accident:

(Detailed description of the course of events in chronological order. If necessary, attach separate pages.)

I was walking down the stairs, slipped on right side. In result right arm hurt. Doctor told it's fractured.

Witnesses of the accident: 1. _____
2. _____
(if available, specify the name, surname, personal identity number, address and telephone number)

Applicant:

Name, surname: John Doe
Signature: _____
Date: 10.01.2010

