

PET INSURANCE Application



Is filled in by 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: 18056422222
Address: Wilhelmstrasse 49/15 G Berlin, Germany Postal code: D-10117
Phone, fax: +49 12346 789 e-mail: john.doe@gmail.com
Policy series: 17 - 65 No: 11484 I agree, to receive related information from BTA by email: No Yes

Insured's representative (If you submit claim in light of insured)

Name, Surname: Ltd. Thecompany Personal No: 40000000000
Address: Berlin, Helwilstrasse 15/49G, Germany Postal code: D-123 45
Phone, fax: +49 9876 5432 e-mail: info@thecompany.de

Information about the accident:

Date: 01.01.2010. Time: 17:00 Place: Jacobcreek village, Farm

Information about the suffered pets:

Pet's owner:
Name, Surname: Ltd. countryside Personal No: 444444444
Address: Germany, Frankfurt am main, Jacobgreek village, Farm road 54 Postal code: D-123456
Phone, fax: +49 11223344 e-mail: _____

In accident suffered pets (if necessary, attach separate sheet)

No	Description of the pet (Species, sex, breed, color, special features)	Identification / registration document Name and number
1.	<u>cow, Lativan brown, name "Laima"</u>	<u>23456</u>
2.		
3.		
4.		

Type of accident:

Type of accident:

- Pet theft or robbery Damage to domestic animals (details of the accident indicate the extent or causes of)
 Pet death (accident description to indicate the causes of death) Other _____

The underlying notified:

Police _____ 20 . " " . at _____ o'clock
 arrived didn't arrive
 State fire and rescue service _____ 20 . " " . at _____ o'clock
 Food and Veterinary Service _____ 20 . " " . at _____ o'clock
 Insurance company _____ 20 . " " . at _____ o'clock
 Veterinarian veterinarian _____ 20 10 . " 1 " . January at 17:00 o'clock
 Other _____ 20 . " " . at _____ o'clock

Applicant:

Name, Surname: John Doe
Signature: _____
Date: 11.01.2010.

Additional information:

Are other insurance contracts in force in relation and in force to this accident?

No Yes

(state the insurance company) _____

Witnesses of the Accident: 1. ----

2. ----

(if it is known, mention name, surname, personal code, address, phone number)

Description of the accident:

(Detailed accident description in chronological order. If necessary, attach a separate sheet.)

Cow slipped and damaged both front legs, so the cow was butchered.

Insurance indemnity transfer to account:

Insured Authorized person (Authorization must be presented) Other person

Receiver of an indemnity:

Name, Surname/Company: John Doe Personal No/Reg. No: 444444444

Address: Wilhelmstrasse 49/15 G Berlin, Germany Postal code: D-10117

Name of the bank: AS SEB

Account number: 1 / V / X / X / U / N / L / A / X / X / X / X / X / X / X / X / X / X / X / X / X / Currency: LVL

Information about attached documents:

- Applicants passport or drivers license copy Animal identification / registration documents (passport, certificate, etc.)
 Documents verifying the membership of the accident, the causes, extent of damage (References, cited by public authorities, expertise, etc.) Ownership approval of the suffered pets
 A copy of the insurance contract Other _____

By signing this application:

1. 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.
2. I confirm that provided information is true, full and precise. It is explained to me that in case of providing untrue and misleading information, BTA has the right to diminish amount of the indemnity or to refuse in its payment and also it can lead to criminal responsibility in accordance with Paragraph 177 (fraud) and Paragraph 178 (insurance fraud) of Criminal Law. If BTA reduces an indemnity or refuses in payment because of the mentioned reasons I do promise to cover all the losses.
3. I realize that the payment of insurance recovering can be done only when BTA receives all necessary documents confirming the case of insurance and the amount of an indemnity caused in the result of Accident.
4. 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 and identification (classification) personal codes for implementing the insurance contract in accordance with the Law about protection the
5. I confirm, that I have the right to sign this application

Applicant:

Name, Surname: John Doe

Signature: _____

Date: 11.01.2010.