PROPERTY INSURANCE

Application (Regarding property damage, loss or theft)

Is filled in by BTA representative!	Reference number of indemnity claim:					
Received on:						
Name, surname of the receiver:						
Signature: Applicant:	Insurance policy number:					
Name, Surname: John Doe	Percent code: 19056422222					
	Personal code: 18056422222					
Address: Wilhelmstrasse 49/15 G Berlin, Germany	Phone: +49 12346 789					
e-mail address: john.doe@gmail.com	\sim					
Information about the accident:						
	Iress): Riga, Zvaigznaju gatve 5 - 10					
Type of accident: Fire impact Storm impact Hail impact	Exposure of motor vehicle					
Robbery Property damage Abuse of burglary	Damage caused by electric current					
Smoke impact Landfall, subsidence Snow impact	Damage caused by tenants/guests Flood, high water					
Other:						
The underlying notified:						
□ 112	Date: Time:					
 indicate the tel. No from which the call was received and reg. No of the	all, if it is/known) Date: 01.01.2010 Time: 17:10					
(indicate the telephone number from which the call was received	ved)					
Police						
X Manager <u>Rīgas nami</u> (Indicate who and in what way)	Date: 01.01.2010 Time: 17:20					
Other authority (Indicate who and in what way)	Date: Time:					
Processing of the Accident:						
Police report State Fire and	X Anager's report Other:					
(report number) Rescue Service R	Report (detailed explanation)					
Damaged real estate:						
Damaged real estate: Flat - Riga, Zvaigznaju gatve 5 - 10 (Object name: fencing, J	building, house, apartment and the object address)					
I Real estate owner						
Name, Surname/Company: John Doe	Personal No/Reg.No: 18056422222					
Address: Wilhelmstrasse 49/15 G Berlin, Germany	Phone: +49 12346 789					
e-mail address: john.doe@gmail.com						
Real estate tenant/lessee						
Name, Surname/Company:	Personal No/Reg.No:					
Address:	Phone:					
e-mail address:						
Damaged moveable property:						
X Moveable property owner						
Name, Surname/Company: John Doe	Personal No/Reg.No: 18056422222					
Address: Wilhelmstrasse 49/15 G Berlin, Germany	Phone: +49 12346 789					
e-mail address: john.doe@gmail.com						
Moveable property tenant/lessee						
Name, Surname/Company:	Personal No/Reg.No:					
Address:	Phone:					
e-mail address:						
Applicant:						
Name, Surname: John Doe						
Signature:						
Date: 10.01.2010	1/2					

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List of the stolen, damaged property (if needed, continue in the annex to the claim):										
No	Property	Year of Purchase	Acqu	Acquisition Cost		ntity prior ne Accident	Description of Damage			
1.	Oak color laminate	2009	200	200 EUR		m2	Cracked and taken off			
2.	Paintable wallpaper	2009	100	EUR	18 r	m2	Fallen off			
Additional information:										
Amount of the incurred loss:										
Real estate: 300 EUR Moveable property: 0 EUR (Amount, if known, currency) (Amount, if known, currency) (Amount, if known, currency)										
					No X Yes (if positive, indicate the damage)					
	Your property damage prior to the accident			(if positive indicate the		(if positive, inc	dicate the guarding company)			
Is ther	e an effective contract regarding guarding of	the object?		No 🗙 Yes	No X Yes					
	ere any other insurance contracts concluded nce object that were effective during the acci			No 🗙 Yes	Yes [] (if positive, indicate the Insurance company)					
	e any insurance claim submitted regarding the regarding th	ne accident to		No 🗙 Yes		(if positive, inc	dicate the insurance company)			
Do you	u know the persons who are responsible for t	he losses?		No 🗙 Yes		(if positive, inc	dicate the persons)			
Witness	es of the Accident: 1									
Withess	2					$/\bigcirc$				
			s know	n, please men	tion nar	me, surname, pe	ersonal code, address, phone number)			
	nācija par negadījuma apstākļier			la sical andar	16					
Description of the accident (Detailed accident description in chronological order. If necessary, attach a separate sheet):										
On 2010.01.01 at 17:00 o'clock I entered my apartment in Riga, Zvaigznaju street 5-10 and saw that main living room is full with water,										
which was leaking from roof. Neighbor's water pipe broke and caused the leakage in my apartment. Neighbor lives in Riga,										
Zvaigznaju street 5-13.										
		•								
Other in	nportant information on the accident (observa	ations, dispari	ties):	\bigtriangledown	\checkmark	·				
				$\langle \langle \rangle$						
The in	surance indemnity shall be trans	ferred to	(to h	e filled ou	t onl	v by the au	thorised representative).			
X Ow	_					y by the du				
	, Surname/Company: John Doe						Personal No/Reg.No: 18056422222			
Address: Wilhelmstrasse 49/15 G Berlin, Germany						Postal code: D-10117				
Name of the bank: SWEDBANKA										
Account number: <u>L / V/ X/ X/ U/ N/ L/ A/ X/ X/</u>										
	end the decision regarding the insurance inde	emnity and co	orrespo	ndence to the	e vehicl	e owner/holder	r:			
X by e-mail:john.doe@gmail.com D by mail to the above-indicated mailing address										
I hereby authorise BTA to select one of the manners of communications in the event none are indicated or both manners of communication are indicated.										
By signing this claim I hereby confirm that: 1) the provided information is true, complete and accurate; 2) 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.										
Proposals for improving BTA work:										
Applicant:										
Name, Surname: John Doe										
Signature:										