

# PROPERTY INSURANCE

## Application

(Regarding property damage, loss or theft)



### Is filled in by BTA representative!

Received on: \_\_\_\_\_

Name, surname of the receiver: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Insurance policy number: \_\_\_\_\_

### Applicant:

Name, Surname: John Doe

Personal code: 18056422222

Address: Wilhelmstrasse 49/15 G Berlin, Germany

Phone: +49 12346 789

e-mail address: john.doe@gmail.com

### Information about the accident:

Date: 01.01.2010

Time: 17:00

Place (address): Riga, Zvaigznaju gatve 5 - 10

### Type of accident:

- |                                       |   |  |  |  |
|---------------------------------------|---|--|--|--|
| <input type="checkbox"/> Fire impact  | <input type="checkbox"/> Storm impact         | <input type="checkbox"/> Hail impact       | <input type="checkbox"/> Exposure of motor vehicle         | <input checked="" type="checkbox"/> Fluid leaking from damaged pipes |
| <input type="checkbox"/> Robbery      | <input type="checkbox"/> Property damage      | <input type="checkbox"/> Abuse of burglary | <input type="checkbox"/> Damage caused by electric current |  |
| <input type="checkbox"/> Smoke impact | <input type="checkbox"/> Landfall, subsidence | <input type="checkbox"/> Snow impact       | <input type="checkbox"/> Damage caused by tenants/guests   | <input type="checkbox"/> Flood, high water                           |
| <input type="checkbox"/> Other: _____ |   |  |  |  |

### The underlying notified:

- |  |                         |                    |
|--|-------------------------|--------------------|
| <input type="checkbox"/> 112 _____<br>(indicate the tel. No from which the call was received and reg. No of the call, if it is known)        | Date: _____             | Time: _____        |
| <input checked="" type="checkbox"/> BTA 26 12 12 12 <u>+49 12346 789</u><br>(indicate the telephone number from which the call was received) | Date: <u>01.01.2010</u> | Time: <u>17:10</u> |
| <input type="checkbox"/> Police _____<br>(indicate the department, indicate the contact number to which and from which the call was made)    | Date: _____             | Time: _____        |
| <input checked="" type="checkbox"/> Manager <u>Rigas nami</u><br>(Indicate who and in what way)  | Date: <u>01.01.2010</u> | Time: <u>17:20</u> |
| <input type="checkbox"/> Other authority _____<br>(Indicate who and in what way)   | Date: _____             | Time: _____        |

### Processing of the Accident:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Police report _____<br>(report number) | <input type="checkbox"/> State Fire and Rescue Service Report | <input checked="" type="checkbox"/> Manager's report | <input type="checkbox"/> Other: _____<br>(detailed explanation) |
|---|---|--|---|

### Damaged real estate:

Damaged real estate: Flat - Riga, Zvaigznaju gatve 5 - 10  
(Object name: fencing, building, house, apartment and the object address)

#### 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:

#### 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

