## **CARGO INSURANCE** Application

Application		3	
Is filled in by BTA representative! Received on:	Reference number of	indemnity claim:	
Name, surname of the receiver: Signature:	Insurance policy series:	Insurance policy numb	er:
Applicant:			
Name, Surname: John Doe		Personal No: 1805642	2222
Address: Wilhelmstrasse 49/15 G Berlin, Germany		Phone: +49 12346 7	89
e-mail: john.doe@gmail.com			
Information about the accident:	_	$\land$	
	other:	(detailed explanation)	
Established cargo damage or loss:			
Date:     01.11.2010     Time:     17:00     Place (	address): Sutkunai, Saula	i-Jelgava road A12, Lithua	nia
Carrier (when more than one, specify all): Ltd. Thecompany	(name, address, phone)		
	(name) and exp protes	$\longrightarrow$	
		<u> </u>	
Forwarder, if assigned: SIA ABC, Abrenes iela 1, phone. 1234567	(name, address, phone)	$\checkmark$	
Name of the cargo, its brief description: Electric equipment – LED TV sets			
Description of damage: Dented packaging, resulting in damage of LED T amount of loss: 1500 EUR	(when known)		
The underlying notified:			
Public institutions: <u>1</u> Traffic police (specify – which)	$\checkmark$	Date: 01.11.2010	Time: 17:10
2 (specify – which)	7	Date:	Time:
Other persons: <u>1</u> Consignee		Date: 01.11.2010	Time: 17:15
2 (specify – which)		Date:	Time:
Witnesses of the Accident: 1 (specify – which)			
2 (if it is known, please me Description of incident-related facts (Detailed accident description in chronological o Driver from Ltd. Transport had to sharply brake so the cargo got d		parate sheet):	
$\sim$			
Applicant:			
Name, Surname: John Doe			
Signature: Date: 5.11.2010			1/2

Additional information:			
Were any security measures provided to the cargo? No X Yes (specify the type of security provided and by whom)			
Has an application been filed with another insurance company? No X Yes (when known, specify – which)			
Specify documents confirming the fact of cargo damage, loss (e.g., CMR waybill, incident report, etc.)			
Specify persons responsible for damages (e.g.: cargo handler, party to a traffic accident, other carrier, etc.)			
Has the responsible person voluntarily agreed to compensate for losses? No X Yes (specify the manner and amount)			
Information about the documents attached to the application:			
X Copy of the passport or the driver's licence of the submitter			
Documents confirming the occurrence and causes of the accident and the amount of losses (statements, documents of public institutions, etc.)			
Other:			
Insurance indemnity payable to cargo owner by bank transfer:			
Name, Surname/Company:     Ltd. Johnscopmany     Personal No/Reg.No:     4121212121212			
Address: Wilhelmstrasse 49/15 G Berlin, Germany			
Name of the bank: Bank Germany			
Account number: L / V / X / X / U / N / L / A / X / X / X / X / X / X / X / X / X			
Please send the decision regarding the insurance indemnity and correspondence to the owner:			
X by e-mail: john.doe@gmail.com			
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:**

Applicance
Name, Surname: John Doe
Signature:
Date: 5.11.2010