

PERSONAL ACCIDENTS INSURANCE INDEMNITY Application



Is filled in by BTA representative!

Received on: _____
Name, surname of the receiver: _____
Signature: _____

Reference number of indemnity claim: _____

Insurance policy series: _____ Insurance policy number: _____

Applicant:

Name, Surname: John Doe Personal No: 18056422222
Address: Wilhelmstrasse 49/15 G Berlin, Germany Postal code: D-10117
Phone: +49 12346 789 e-mail: john.doe@gmail.com

Insured (injured person):

Name, Surname: John Doe Personal No: 18056422222
Address: Wilhelmstrasse 49/15 G Berlin, Germany Postal code: D-10117
Phone: +49 12346 789 e-mail: john.doe@gmail.com

I agree, to receive related information from BTA by e-mail: No Yes

Insurance agreement information:

Personal Accident insurance agreement with BTA was concluded by:

bank (name of the bank): _____ other person
 employer (name of the employer): Ltd. Theemployer

Information on the Accident:

Date: 5.01.2010 Time: 17:00 Place (address): Riga, Brivibas street 108
medical institution providing medical aid: Rīgas 1. slimnīca

Information about circumstances of this accident:

This is a notification of: injury disability caused by an accident death caused by an accident critical illness
The accident has occurred: while on duty as a result of a traffic accident during sports activities otherwise

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

On way to work slipped and hurt leg. After doctors appointment strain was found.

Applicant:

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

