PERSONAL ACCIDENTS INSURANCE INDEMNITY Application



Is filled in by BTA representative!			٦
Received on:	Reference number of indemnity claim:		
Name, surname of the receiver:			
Signature:	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.d	com	_
I agree, to receive related information from BTA by e-mail: No \square Yes $\overline{\mathbb{X}}$		/ /	
Insurance agreement information:			
Personal Accident insurance agreement with BTA was concluded by:			
bank (name of the bank):		other person	on
X employer (name of the employer): Ltd. Theemployer			_
Information on the Accident:			
Date: 5.01.2010 Time: 17:00 Place (addre	ess): Riga, Brivibas street 10	8	_
medical institution providing medical aid: Rīgas 1. slimnīca			
Information about circumstances of this accident:			
This is a notification of: X injury disability caused by an	accident death caused by	y an accident	
The accident has occurred: while on duty as a result of a traffic a	accident during sports a	ctivities	
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Additional information:							
Had the Insured, within twenty-four hours prior to the accident, consumed alcohol, used narcotic or psychotropic substances, or drugs not prescribed by the doctor?	No X Yes	(please, specify)					
Has the accident been reported to the police or other law enforcement institution?	No X Yes	(please, specify)					
Insurance indemnity transfer to account:							
X Insured beneficiary heir							
Receiver of an indemnity:							
Name, Surname/Company: John Doe	Personal No/Reg.No: 18056422222						
Address: Wilhelmstrasse 49/15 G Berlin, Germany	Postal code: D-10117						
Bankas nosaukums: SWEDBANKA	Bankas nosaukums: SWEDBANKA						
Account number: L / V/ X/ X/ U/ N/ L/ A/ X / X / X /	X/_X/_X/_X/	X / X / X / X / X / C	urrency: MULTI				
Partially paid and unpaid documents after decision: Don't want to receive							
X Want to receive by post to above mentioned Insured's address:							
X regular letter without cost							
registered letter, with cost agreed by BTA price list							
Information about the documents attached to the ap	oplication (e.	g., a police statement, etc	documents):				
Submitter passport copy		Details of payment documents indemnity purposes:	for Number	Total			
2 Insurance contract copy			4	50 EUR			
3 Documents approving accident							
4							
By signing this application:							
1) the provided information is true, complete and accurate; 2) I hereby provide my consent to BTA receiving any information at any medical institution regarding the health condition of the Insured and medical aid received by the Insured, should such information be required by BTA for considering the circumstances of the accident and to determine the amount of insurance indemnity. Also, at the first request of BTA, the Insured shall grant its consent to the respective medical institution to release any information referred to above to BTA thus relieving the medical institution and the medic working for it from the non-disclosure obligation. 3) 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 epersonal 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:							
Date: 11.01.2010.							