

# TRAVEL INSURANCE INDEMNITY

Application (accident which is not related to health worsening or death)



## Is filled in by BTA representative!

Received on: \_\_\_\_\_  
Place where received: \_\_\_\_\_  
Name, surname of the receiver: \_\_\_\_\_  
Signature: \_\_\_\_\_

Reference No of indemnity claim: \_\_\_\_\_

## Applicant:

Name, Surname: John Doe Personal No: 1805642222  
Address: Wilhelmstrasse 49/15 G Berlin, Germany Postal code: D-10117  
Phone, fax: \_\_\_\_\_ e-mail: elena@nnn.lv  
Policy series: CN - 15 number: 80234050 I agree, to receive related information from BTA by email: No  Yes

## Insured's representative (If claim is submitted in light of insured)

Name, Surname: \_\_\_\_\_ Personal No: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Phone, fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Information about the accident:

Date: 01.01.2010 Time: 17:00 Place: Riga, International airport "Riga"

## Information about circumstances of this accident:

Type of accident:  
 Civil liability during the trip  Scheduled trip cancellation  Flight departure/arrival time mismatch  
 Baggage  
 loss  damaged/destroyed  stolen  
 Delay/unreasonable detention Delayed/unduly delayed baggage was returned after the \_\_\_\_\_ hour  
 Other \_\_\_\_\_

## The underlying notified:

Police Date: \_\_\_\_\_ at \_\_\_\_\_ o'clock  
 arrived  didn't arrive  
 State fire and rescue service Date: \_\_\_\_\_ at \_\_\_\_\_ o'clock  
 Insurance company BTA call centre Date: 01.01.2010 at 17:30 o'clock  
 Airline AIR BALTIC Date: 01.01.2010 at 17:35 o'clock  
 Other Date: \_\_\_\_\_ at \_\_\_\_\_ o'clock

## Information about damaged, destroyed or stolen baggage (if necessary, attach separate sheet)

A list of Defected, totally damaged or stolen things:

No	What kind of thing (if known the make, model, series/REF. etc)	Date of purchase (year and month)	Value at acquisition
1.	<u>Travel suitcase "Samsonite"</u>	<u>06.2009</u>	<u>200 LVL</u>
2.			
3.			
4.			
5.			
6.			

Damage caused in amount of: \_\_\_\_\_ (if known)

## Applicant:

Name, surname: John Doe  
Signature: \_\_\_\_\_  
Date: 10.01.2010

With regards to above mentioned applicant is:

the person on whose behalf the application is submitted  another person, if the owner is another person specify the following data:

Name, Surname: John Doe Personal No: 1805642222

Address: Wilhelmstrasse 49/15 G Berlin, Germany Postal code: D-10117

Phone, fax: +49 12346 789 e-mail: john.doe@gmail.com

**Additional information:**

Are other insurance contracts in force in relation and in force to this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(state the insurance company) _____
Are persons know who is blamed for causing this accident?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	(if several, mention all) <u>employees of the airport</u>
Does the perpetrator have voluntarily agreed to pay damages?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	(state, how and in what amount) _____

Witnesses of the Accident: 1. -----  
2. -----  
(if it is known, mention name, surname, personal code, address, phone number)

**Description of the accident:**

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

Arrived from Berlin to Riga and the time to receive my baggage I saw that the handler (automated) is damaged.

**Insurance indemnity transfer to account:**

Insured  Authorized person (Authorization must be presented)  Other person

**Receiver of an indemnity:**

Name, Surname: John Doe Personal No/Reg. No: 180564 - 2222

Address: Wilhelmstrasse 49/15 G Berlin, Germany Postal code: D-10117

Name of the bank: AS SEB

Account number: L / V / X / X / U / N / L / A / X / X / X / X / X / X / X / X / X / X / X / X / X / Currency: LVL/EUR

**Information about attached documents:**

	Payment Document	Amount	Total amount
1. <u>Applicants passport or drivers license copy</u>			
2. <u>A copy of the insurance contract</u>			
3. <u>Travel documents (tickets, luggage registration tickets,etc.)</u>			
4. _____			

**By signing this application:**

1. I am informed and I agree that with regards to this claim BTA will make phone and live conversation recordings, will file other information with regards to insurance claim, using audio and video information recording and storage devices with right to use these recordings as a proof in court proceedings in insurance claim litigation. 2. I confirm that provided information is true, full and precise. It is explained to me that in case of providing untrue and misleading information, BTA has the right to diminish amount of the indemnity or to refuse in its payment and also it can lead to criminal responsibility in accordance with Paragraph 177 (fraud) and Paragraph 178 (insurance fraud) of Criminal Law. If BTA reduces an indemnity or refuses in payment because of the mentioned reasons I do promise to cover all the losses.
3. I realize that the payment of insurance recovering can be done only when BTA receives all necessary documents confirming the case of insurance and the amount of an indemnity caused in the result of Accident.
4. I confirm that I allow BTA as a system administrator, a receiver and an operator of personal data to receive and to process personal data mentioned in the application and identification (classification) personal codes for implementing the insurance contract in accordance with the Law about protection the
5. I confirm, that I have the right to sign this application

**Applicant:**

Name, surname: John Doe

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

Date: 10.01.2010