TRAVEL INSURANCE INDEMNITY

 $\begin{center} \textbf{Application} & \textbf{(accident which is not related to health worsening or death)} \\ \end{center}$



Is filled in by BTA representative!			
Received on:	Reference No of indemr	nity claim:	
Place where received:			
Name, surname of the receiver:			
Signature:			
Applicant:			
Name, Surname:		Personal No:	
Address:		Postal code:	
Dhana fay	a mail.		
Phone, fax:	e-mail:		
Policy series: number:	I agree, to receive related inf	formation from BTA by em	ail: No Yes
7			
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:			
	lace:		
	acc.		
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 dela	yed 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	Date:	at	o'clock
Airline Other	<u>Date:</u> Date:	at at	o'clock o'clock
			o clock
Information about damaged, destroyed or stolen baggag	e (if necessary, attach sepa	rate 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	Value at
What kind of thing (if known the make, model, series/kel : etc)		(year and month)	acquisition
1.			
2.			
3.			
4.			
7.			
5.			
6.			
		•	
Damage caused in amount of:	(:5 l.m.n.m.)		
	(if known)		
Applicant:			
Name, surname:			
Signature:			
Date:]
			-

2011-1

Name, Surname:			Personal No:	
Address:			Postal code:	
Phone, fax:		e-mail:		
dditional information:				
Are other insurance contracts in force in relation and in	No Yes	(state the insurance company)		
force to this accident?	110 [105 [
Are persons know who is blamed for causing this		(if several, mention all)		
accident?	No Yes			
Does the perpetrator have voluntarily agreed to pay damages?	No Yes	(state, how and in what amount)		
Vitnesses of the Accident: 1.	1			
2.				
Oetailed accident description in chronological order. If nece	ээагу, ашасп а ѕераг	aic sifect.)		
nsurance indemnity transfer to account:				
nsurance indemnity transfer to account: Insured Authorized person (Authorizat	ion must be presented) ① Other person		
Insured Authorized person (Authorizat	ion must be presented)		
Insured Authorized person (Authorizat eceiver of an indemnity:			Personal No/Reg. No:	
Insured Authorized person (Authorizat eceiver of an indemnity:			Personal No/Reg. No: Postal code:	
Insured Authorized person (Authorizat eceiver of an indemnity: lame, Surname: ddress:				
Insured Authorized person (Authorizat eceiver of an indemnity: lame, Surname: ddress: lame of the bank: ccount number:/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_				
Insured Authorized person (Authorizat eceiver of an indemnity: ame, Surname: ddress: ame of the bank: ccount number:/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_			Postal code: Currency:	
Insured Authorized person (Authorizat eceiver of an indemnity: ame, Surname: ddress: ame of the bank: coount number:/_/////	<u> </u>		Postal code:	Total amount
Authorized person (Authorizat eceiver of an indemnity: lame, Surname: ddress: ame of the bank: ccount number:/_/_/_/_/_/_/_/_/_/_/ nformation about attached documents:	l <u>l</u>	Payment Document	Postal code: Currency:	Total amount
Insured Authorized person (Authorizat eceiver of an indemnity: lame, Surname: lame of the bank: lame of the bank: laccount number:/_/_/_/_/_/_/_/_/_/ Information about attached documents:	<u> </u>	Payment Document	Postal code: Currency:	Total amount
Insured Authorized person (Authorizat eceiver of an indemnity: lame, Surname: lame of the bank: lame o		Payment Document	Postal code: Currency:	Total amount
Authorized person (Authorizat deceiver of an indemnity: lame, Surname: lame of the bank: lame of the b		Payment Document	Postal code: Currency:	Total amount
Authorized person (Authorizat eceiver of an indemnity: ame, Surname: ddress: ame of the bank: ccount number:////// nformation about attached documents: y signing this application: . I am informed and I agree that with regards to this claim aim, using audio and video information recording and storaconfirm that provided information is true, full and precise. I mount of the indemnity or to refuse in its payment and also aud) of Criminal Law. If BTA reduces an indemnity or refus in indemnity caused in the result of Accident I confirm that I allow BTA as a system administrator, a remained identification (classification) personal codes for implement.	n BTA will make phorage devices with right it is explained to me to it can lead to crimines in payment becaue done only when BTA ceiver and an operator	Payment Document Payment Document The and live conversation recordings, will to use these recordings as a proof in chat in case of providing untrue and misl all responsibility in accordance with Parase of the mentioned reasons I do promit a receives all necessary documents control or of personal data to receive and to pro	Postal code: Currency: Amount I file other information wi ourt proceedings in insureading information, BTA I igraph 177 (fraud) and Paise to cover all the losses firming the case of insurancess personal data mental cocess personal data decided personal data decided personal data	th regards to insuran ance claim litigation. nas the right to dimini rragraph 178 (insuran ince and the amount
Authorized person (Authorizat deceiver of an indemnity: lame, Surname: lame of the bank: lame of the b	n BTA will make phorage devices with right it is explained to me to it can lead to crimines in payment becaue done only when BTA ceiver and an operator	Payment Document Payment Document The and live conversation recordings, will to use these recordings as a proof in chat in case of providing untrue and misl all responsibility in accordance with Parase of the mentioned reasons I do promit a receives all necessary documents control or of personal data to receive and to pro	Postal code: Currency: Amount I file other information wi ourt proceedings in insureading information, BTA I igraph 177 (fraud) and Paise to cover all the losses firming the case of insurancess personal data mental cocess personal data decided personal data decided personal data	th regards to insuran ance claim litigation. nas the right to dimini rragraph 178 (insuran ince and the amount
Receiver of an indemnity: Name, Surname: Address: Name of the bank: Account number://// Information about attached documents:	n BTA will make phorage devices with right it is explained to me to it can lead to crimines in payment because done only when BTA ceiver and an operate enting the insurance of	Payment Document Payment Document The and live conversation recordings, will to use these recordings as a proof in chat in case of providing untrue and misl all responsibility in accordance with Parase of the mentioned reasons I do promit a receives all necessary documents control or of personal data to receive and to pro	Postal code: Currency: Amount I file other information wi ourt proceedings in insureading information, BTA I igraph 177 (fraud) and Paise to cover all the losses firming the case of insurancess personal data mental cocess personal data decided personal data decided personal data	th regards to insuran ance claim litigation. nas the right to dimini rragraph 178 (insuran ince and the amount