

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: _____ Personal No: _____

Address: _____ Postal code: _____

Phone: _____ e-mail: _____

Insured (injured person):

Name, Surname: _____ Personal No: _____

Address: _____ Postal code: _____

Phone: _____ e-mail: _____

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): _____

Information on the Accident:

Date: _____ Time: _____ Place (address): _____

medical institution providing medical aid: _____

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):

Applicant:

Name, Surname: _____

Signature: _____

Date: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/>	(please, specify)
Has the accident been reported to the police or other law enforcement institution?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(please, specify)

Insurance indemnity transfer to account:

Insured beneficiary heir

Receiver of an indemnity:

Name, Surname/Company: _____ Personal No/Reg.No: _____

Address: _____ Postal code: _____

Bankas nosaukums: _____

Account number: _____ Currency: _____

Partially paid and unpaid documents after decision:

- Don't want to receive
- Want to receive by post to above mentioned Insured's address:
- regular letter without cost
- registered letter, with cost agreed by BTA price list

Information about the documents attached to the application (e.g., a police statement, etc. documents):

	Details of payment documents for indemnity purposes:	Number	Total
1 _____			
2 _____			
3 _____			
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 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:

Name, Surname: _____

Signature: _____

Date: _____