LIABILITY INSURANCE
Application - Statement

ЗTA

Is filled in by BTA representative!

Received on:

Place where received:

Name, surname of the receiver:

Signature:

Applicant:

Name, Surname: John Doe   Personal No: 18056422222

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

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

Policy series: 17 - 65   No: 11484   I agree, to receive related information from BTA by email: No ☐ Yes ☒

Insured's representative (If you submit claim in light of insured)

Name, Surname: Jsc Railway   Personal No: 40000000000

Address: Riga, Matrozu street 15   Postal code: D-123 45

Phone, fax: 67225523, 67225522   e-mail: info@railway.lv

Information submitted by the insurer for third party claims:

Claim received on: January 10th, 2014

Claim received by:

☒ Post   ☐ fax   ☐ e-mail   ☐ submitted in person   ☐ with carrier

☐ other

Approximate loss: 1000 EUR

(approximate)

The underlying notified:

☒ Police _____ Data: _____ at ____ o'clock
  ☐ arrived ☒ didn't arrive

☒ Insurance company BTA _____ Data: January 10th, 2014   at 12:00 o'clock

☐ Other _____ Data: _____ at ____ o'clock

Are other insurance contracts in force in relation and in force to this accident?	No ☒ Yes ☐	(state the insurance company) _____
Is agreement made with third parties on the settlement of this case?	No ☒ Yes ☐	(specify, in what kind and amount) _____
Was insured object guarded?	No ☒ Yes ☐	(state, how and who provides) _____

Information about the third party – claim submitter:

Name, Surname: James Neighbor   Personal No: 010250 11111

Address: Riga, Skolas street 1 - 10   Postal code: LV - 1013

Phone, fax: 26622662   e-mail: James@bk.ru

Applicant:

Name, Surname: John Doe

Signature:

Data: 11.01.2014

2014-1EN

Additional information:

Witnesses of the Accident: 1. ----

    2. ----

(if it is known, mention name, surname, personal code, address, phone number)

Relevant actual decryption of the claim:

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

On January 10th, 2014 at 12:00 I received a note from James Neighbor, that his owned rooms are flooded (bathroom and hallway).

It's possible that damaged has happened due to breakage of riser.

Accident happened on January 9th, 2014.

Information about attached documents:

[X] Applicants passport or drivers license copy

[X] Claim from third party

[X] Documents verifying the membership of the accident, the causes, extent of damage (references, cited by public authorities, expertise, etc.)

[X] A copy of the insurance contract

[ ] Documents proving the third party's right to receive insurance consideration (e.g., ownership of the damaged property document)

[ ] Other _____

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:

Data: 11.01.2014

2014-1EN