

TO THE DEPARTMENT OF INSURANCE INDEMNITIES

Application for indemnity (For vehicle damages, loss)

Applicant

Name, Surname: _____ Personal code: _____

Address: _____ Postal code: _____

Phone: _____ e-mail: _____

Insurance policy number: (CASCO or Responsible OCTA): _____

Information about the Accident

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

Information about the vehicle

Your vehicle: _____ The other vehicle*: _____

Make, model: _____ Make, model: _____

Registration plate number: _____ Registration plate number: _____

* If more than two vehicles are involved in the accident, the rest of vehicles are to be specified in Section: Information on the Accident Circumstances!

Information about the driver of the damaged vehicle

Name, Surname: _____ Personal code: _____

Address: _____ Phone: _____

It was informed about Accident to

112 _____ (indicate the tel. No from which the call was received and reg. No of the call, if it is known) Date: _____ Time: _____

BTA 26 12 12 12 _____ (indicate the telephone number from which the call was received) Date: _____ Time: _____

Police _____ (indicate the department, indicate the contact number to which and from which the call was made) Date: _____ Time: _____

Another Institution _____ (indicate to which and how) Date: _____ Time: _____

Processing of the Accident

Police report _____ (report number) Agreed notice The aforementioned documents were not received

Additional Information

How long were you present at the accident scene, after the accident occurred till you left?	_____ hours _____ minutes
Were there any outstanding damages of your vehicle prior to this accident (e.g. compression marks, scratches)?	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)
Is an insurance claim submitted regarding this accident to another insurance company?	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify the company)
Were any of the vehicles drivers involved in the accident under the influence of alcohol or narcotic substances?	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify the driver)
Did any of the vehicle drivers involved in the accident violently leave the site of the accident?	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)
Were there any injured or dead (underline the correct) during the accident?	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)
Are there any video records or photos from the site of the accident?	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)

No Yes Was there transportation of the damaged vehicle: _____ (specify)

No Yes Have the damages sustained during the accident been partially or completely repaired: _____ (specify)

Amount of Damage: _____ (if it is known)

Damaged property can be inspected by an appointed BTA expert:
 On the territory of BTA In another place: _____ (address, name, surname, phone number of contact person)

Applicant

Name, Surname: _____

Signature: _____

Date: _____

Witnesses of the Accident: 1

2

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

Information about Circumstances of Accident

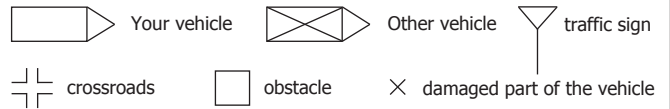
Description

In detail, in chronological sequence:

Description of the damages your vehicle has sustained during the accident:

Scheme at the moment of the Accident

+ Add image (in PDF format)



* If more than 2 vehicles were involved in the Traffic Accident, please draw all of them

Road and weather conditions:

Speed of your vehicle directly before Traffic Accident (km/h):

Other important information on the accident (observations, disparities):

To be filled out by the person who claims the insurance indemnity (owner, authorised person):

Preferred way to receive the insurance indemnity (choose one):

- Paying for the services provided by the service centre approved by BTA: _____ (city, county)
 Transferring the amount to the vehicle owner (holder, in the event of loan liabilities)

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

Address: _____

Name of the bank: _____

Account number: _____ Currency: _____

Please send the decision regarding the insurance indemnity and correspondence to the vehicle owner/holder:

- by e-mail: _____
 by mail to the above-indicated mailing address

I hereby authorise BTA to select one of the manners of communications in the event none are indicated or both manners of communication are indicated.

Information about the documents attached to the application

- Copy of the driving licence
 Copy of the vehicle's certificate of registration
 Accident Agreement
 original copy
 Other _____

By signing this insurance claim application hereunder, I confirm that the information provided by me is true, complete and accurate.

BTA informs that execution of the concluded insurance contract entails rights for BTA under the Personal Data Protection Law: in compliance with this Law, to process, incl. to obtain from registers and databases the personal data of the Policyholder and the Insured, to include personal identification codes for the provision of insurance services and namely: for adjustment of the reported insurance risk occurrence, for decision making on regarding the insured risk occurrence an insured event, for insurance indemnity size estimation and insurance indemnity payment.

Hereby I grant my consent to BTA to process my personal data, incl. identification codes for conducting statistical, market and public opinion studies, analysis and reporting, as well as conducting customer surveys and for risk management purposes.

Applicant

Name, Surname: _____

Signature: _____

Date: _____

Is filled in by BTA representative!

Received on: _____

Name, surname of the receiver: _____

Signature: _____