

THIRD-PARTY LIABILITY INSURANCE

Application for indemnity

Applicant

Name, Surname: _____ Personal No: _____
Address: _____ Postal code: _____
Phone: _____ e-mail: _____
Policy No: _____

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

Name, Surname/Appellation: _____ Personal No/Reg.No.: _____
Address: _____ Postal code: _____
Phone: _____ e-mail: _____

Information submitted by the insurer for third party claims

Claim received on: _____

Claim received by:

Post fax e-mail submitted in person with carrier
 other _____

Approximate loss: _____
(approximate)

The underlying notified:

Police _____ Date: _____ Time: _____
 arrived didn't arrive
 Insurance company _____ Date: _____ Time: _____
 Other _____ Date: _____ Time: _____

Shall the Insured acknowledge his/her guilt?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(specify, why/unacknowledged amount)
Is agreement made with third parties on the settlement of this case?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(specify, in what kind and amount)
Are other insurance contracts in force in relation and in force to this accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(state the insurance company)

Information about the third party – claim submitter

Name, Surname/Appellation: _____ Personal No/Reg.No.: _____
Address: _____ Postal code: _____
Phone: _____ e-mail: _____

Applicant

Name, Surname: _____
Signature: _____
Date: _____

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.)

Information about attached documents

- | | |
|--|--|
| <input type="checkbox"/> Applicants passport or drivers license copy | <input type="checkbox"/> A copy of the insurance contract |
| <input type="checkbox"/> Claim from third party | <input type="checkbox"/> Documents proving the third party's right to receive insurance consideration (e.g., ownership of the damaged property document) |
| <input type="checkbox"/> Documents verifying the membership of the accident, the causes, extent of damage (references, cited by public authorities, expertise, etc.) | <input type="checkbox"/> Other _____ |

By signing this application:

1 I acknowledge that I am aware that in relation to this insurance claim, BTA will record telephone and oral conversations, and record other information related to the potential insured event by means audio and video recording and storage devices with the right to use these records as evidence in court in a dispute regarding insurance indemnity payment;

2 I confirm that the information provided is true, complete and accurate. It has been explained to me that in the case of being provided with untruthful or deceptive information, BTA is entitled to reduce the size of insurance indemnity or reject in its payment, as well as that it entails criminal liability under Section 177 (fraud) or Section 178 (insurance fraud) of the Criminal Law. Should BTA reduce the size of insurance indemnity or reject in its payment based on the aforementioned reasons, I pledge to compensate all damages caused thereby;

3 I am aware that insurance indemnity payment is made only after all the necessary documents confirming insured event occurrence and the losses caused thereby, are submitted to BTA;

4 I confirm that I am entitled to sign this application.

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 the personal data specified in this application, 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.

The submitting of this application will entitle BTA to process the sensitive personal data specified in this application, as insurance indemnity adjustment is not feasible without processing them.

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: _____