

TRAVEL INSURANCE

Application for indemnity (accident which is not related to health worsening or death)

Applicant

Name, Surname: _____ Personal No: _____
Address: _____ Postal code: _____
Phone: _____ e-mail: _____
Policy No: _____ Travel start and end date: _____

Insured's representative (If claim is submitted in light of insured):

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

Information about the accident

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

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 delayed baggage was returned after the _____ hour.
- Other _____

The underlying notified:

- Police _____ Date: _____ Time: _____
 arrived didn't arrive
- State fire and rescue service _____ Date: _____ Time: _____
- Airline: _____ Date: _____ Time: _____
- Insurance company _____ Date: _____ Time: _____
- Other _____ Date: _____ Time: _____

Information about damaged, destroyed or stolen baggage (if necessary, attach separate 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 (year and month)	Value at acquisition
1			
2			
3			
4			
5			
6			

Damage caused in amount of: _____ (if known)

With regards to above mentioned applicant is:

- the person on whose behalf the application is submitted
 another person, if the owner is another person specify the following data:

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

Applicant

Name, Surname: _____
Signature: _____
Date: _____

Additional information

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)
Are persons know who is blamed for causing this accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(if several, mention all)
Does the perpetrator have voluntarily agreed to pay damages?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(state, how and in what amount)

Witnesses of the Accident: 1 _____
2 _____
(if it is known, mention name, surname, personal code, address, phone number)

Description of the accident (name, surname, personal code, address, phone number):

Insurance indemnity transfer to account

Insured Authorized person (Authorization must be presented) Other person

Receiver of an indemnity:

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

Address: _____ Postal code: _____

Name of the bank: _____

Account number: _____ Currency: _____

Information about attached documents

1 _____
2 _____
3 _____
4 _____

Payment Document	Amount	Total amount

By signing this application:

1 I agree that in cases, when the insurance indemnity disbursed by BTA covers a part of the losses caused as a result of the insured event, BTA is entitled to exercise its rights to recourse claim against the person at guilt for losses irrespective whether the Insured does or does not exercise its rights to bring claim against this person.

2 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;

3 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;

4 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;

5 I hereby authorize BTA (common reg.No. 40103840140) to obtain from other legal subjects (also including airports) information that is required for establishing the circumstances of a potential insured event;

6 Should BTA make a decision to reject in insurance indemnity payment, I will inform the Policyholder about the BTA's decision.

7 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, 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: _____