TRAVEL INSURANCE INDEMNITY

Application (regarding the deterioration of health status or death of a person)

Application (regarding the deterioration of health status or death of a person)	
Filled out by a BTA representative!	Reference No of indemnity claim:
Received on:	· · · · · · · · · · · · · · · · · · ·
Place where received:	
lame, surname of the receiver:	
ignature:	
Applicant:	
Jame, Surname:	Personal No:
Address:	Postal code:
Phone, fax:	e-mail:
	I agree, to receive related information from BTA by email: No 🗌 Yes 🗌
Policy series: number:	
insured's representative (If claim is submitted in light of insured)	
Name, Surname:	Personal No:
Address:	Postal code:
Phone, fax:	e-mail:
Information on the Accident:	
Date: Time: Place:	
nformation about circumstances of this accident:	
Doctor's opinion (diagnosis):	
Type of the accident:	
Accident	
household injury in the event of a road traffic accident	sports injury injury at work other
Emergency dental services	Death Other
Description of the accident:	
(Detailed description of the course of events in chronological order. If necessary, a	ittach separate pages.)
· · · · · · · · · · · · · · · · · · ·	
Nitnesses of the accident: <u>1.</u>	
2. (if available, specify the name, su	mame nersonal identity number address and telephone sumber)
(if available, specify the name, su	rname, personal identity number, address and telephone number)
Applicant:	
Name, surname:	
Signature:	
Date:	4



Additional Information:					
Did the insured used alcohol, narcotic or psychotropic substances or medicinal products not prescribed by a doctor on the day of the accident?	No 🗌 Yes	(Specify directly)			
Was the filed accident caused by a road traffic accident?	No 🗌 Yes	(Specify the brand and registration plate number of the vehicle that caused the road traffic accident and the authority that performed the investigation of the road traffic accident circumstances)			
Was there any other insurance contract concluded in relation to the claimed accident that was valid at the moment of the accident?	No 🗌 Yes	(Specify the insurance company)			
Can the persons accountable for the accident be specified?	No 🗌 Yes	(If there are several, specify all)			
Did the guilty party voluntarily agree to compensate for the damages?	No 🗌 Yes 🗌	(Specify in what way and amount)			
Insurance indemnity transfer to account:					
Paying for the services provided by a service provider Transfer:	nuct be precented)	C Other percen			
Insured Authorized person (Authorization must be presented) Other person					
Receiver of an indemnity:					
Name, Surname:		Personal No/Reg. No:			
Address:		Postal code:			
Name of the bank:					
Account number:////////////					
After the decision is made, the partially paid and unpaid	payment docume	nts:			
Should not be sent to me					
 Should be sent to me by post to the address of the Insured specified in the claim: as a standard letter free of charge as a registered letter, paying to BTA in accordance with the effective pricelist 					
Information on the Documents Attached to the Cla	aim:				

1	Payment Document	Amount	Total amount
2.			
3.			
4.			

By signing this application:

1. confirm that I am informed that in relation to this insurance claim BTA will record telephone and verbal conversations, and other information related to the potential insurable event, using audio and video recording and storage devices having the right to use those records as evidence in court in the event of disputes regarding the disbursement of the insurance indemnity;

2. authorise BTA (Unified registration number 40003159840) to receive from other sources (including doctors, hospitals, medical institutions) information about the insured person's health condition and received medical help, in order to properly investigate the circumstances of the potential insurable event;

3. confirm that the provided information is complete and accurate. Confirm that I am aware that in the event of providing false or misleading information, BTA is entitled to reduce or refuse to pay out the insurance indemnity and criminal liability referred to in Section 177 (Fraud) or Section 178 (Insurance Fraud) may set in. If BTA reduces or refuses to pay out the insurance indemnity due to the aforementioned reasons, I hereby undertake to reimburse for all damages caused in this regard;

confirm that I am aware that the insurance indemnity is paid out only after submitting all required documents confirming the occurrence of an insurable event and the amount of losses caused thereby to BTA;
 confirm that 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 (classification) codes in accordance with the Personal Data Protection Law and other regulatory enactments of the Republic of Latvia;

6. agree that the payment for sending the partially paid or unpaid documents by registered mail is deducted from the insurance indemnity in the event of specifying such type of receipt of payment documents in the claim;

7. confirm that I am entitled to sign this Claim.

Applicant:	

Name, surname:

Signature: Date: