

RAILWAY TRANSPORT 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 about the accident

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

Information about owner of the damaged object

Owner of the damaged object:

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

Address: _____ Postal code: _____

Phone: _____ e-mail: _____

User of the damaged object (To be specified only if the owner of rail transport had put the right to use to other person):

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

Address: _____ Postal code: _____

Phone: _____ Phone: _____

In accident damaged railway list (if necessary, attach separate sheet):

No	The relevant item of rolling stock data (type, series, number)	Year made	Purchase date	Record place
1				
2				
3				
4				

Approximate loss: _____

Damages to the object before accident:

None Some: _____

Type of accident

Type of accident:

Fire, lightning, explosion Natural disaster Third party illegal activity Collision, derailments, rolling over

Other _____

The underlying notified:

Police _____ Date: _____ Time: _____

arrived didn't arrive

Manager of the object _____ Date: _____ Time: _____

State fire and rescue service _____ Date: _____ Time: _____

Insurance company _____ Date: _____ Time: _____

Other _____ Date: _____ Time: _____

Applicant

Name, Surname: _____

Signature: _____

Date: _____

Additional information

Was insured object guarded?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(state, how and who provides)
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 liable persons known?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(if more then one, state all)
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)

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

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

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

- Applicants passport or drivers license copy Ownership of the insurance object
 Documents verifying the membership of the accident, the causes, extent of damage (References, cited by public authorities, expertise, etc.) Insurance facility documentation (inventory item, technical passport, instructions, etc.)
 A copy of the insurance contract 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 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 I, the Insured, do or do not exercise my rights to bring claim against this person.
 5 Should BTA make a decision to reject in insurance indemnity payment, I will inform the Policyholder about the BTA's decision.
 6 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 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: _____