

# PROPERTY INSURANCE

## Application for indemnity

### Applicant

Name, Surname: \_\_\_\_\_ Personal No: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Policy No: \_\_\_\_\_

### Information about the accident

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place (address): \_\_\_\_\_

### Type of accident

- |                                       |   |  |  |   |
|---------------------------------------|---|--|--|---|
| <input type="checkbox"/> Fire impact  | <input type="checkbox"/> Storm impact         | <input type="checkbox"/> Hail impact       | <input type="checkbox"/> Exposure of motor vehicle         | <input type="checkbox"/> Fluid leaking from damaged pipes |
| <input type="checkbox"/> Robbery      | <input type="checkbox"/> Property damage      | <input type="checkbox"/> Abuse of burglary | <input type="checkbox"/> Damage caused by electric current |   |
| <input type="checkbox"/> Smoke impact | <input type="checkbox"/> Landfall, subsidence | <input type="checkbox"/> Snow impact       | <input type="checkbox"/> Damage caused by tenants/guest    | <input type="checkbox"/> Flood, high water                |
| <input type="checkbox"/> Other: _____ |   |  |  |   |

### The underlying notified

- |   |             |             |
|---|-------------|-------------|
| <input type="checkbox"/> 112 _____<br>(indicate the tel. No from which the call was received and reg. No of the call, if it is known)     | Date: _____ | Time: _____ |
| <input type="checkbox"/> BTA 26 12 12 12 _____<br>(indicate the telephone number from which the call was received)                        | Date: _____ | Time: _____ |
| <input type="checkbox"/> Police _____<br>(indicate the department, indicate the contact number to which and from which the call was made) | Date: _____ | Time: _____ |
| <input type="checkbox"/> Manager _____<br>(Indicate who and in what way)  | Date: _____ | Time: _____ |
| <input type="checkbox"/> Other authority _____<br>(Indicate who and in what way)  | Date: _____ | Time: _____ |

### Processing of the Accident

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Police report _____<br>(report number) | <input type="checkbox"/> State Fire and Rescue Service Report | <input type="checkbox"/> Manager's report | <input type="checkbox"/> Other: _____ |
|---|---|---|---------------------------------------|

### Damaged real estate

Damaged real estate: \_\_\_\_\_  
(Object name: fencing, building, house, apartment and the object address)

Real estate owner  
Name, Surname/Appellation: \_\_\_\_\_ Personal No/Reg.No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Real estate tenant/lessee  
Name, Surname/Appellation: \_\_\_\_\_ Personal No/Reg.No.: \_\_\_\_\_  
Adrese: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

### Damaged moveable property

Moveable property owner  
Name, Surname/Appellation: \_\_\_\_\_ Personal No/Reg.No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Moveable property tenant/lessee  
Name, Surname/Appellation: \_\_\_\_\_ Personal No/Reg.No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

### Applicant

Name, Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

List of the stolen, damaged property (if needed, continue in the annex to the claim):

No	The name of the property	Year of Purchase	Acquisition Cost	Vienību skaits pirms negadījuma	Description of Damage

**Additional information**

Amount of the incurred loss:

Real estate:

(Amount, if known, currency)

Moveable property:

(Amount, if known, currency)

Your property damage prior to the accident	No <input type="checkbox"/> Yes <input type="checkbox"/>	(if positive, indicate the damage)
Is there an effective contract regarding guarding of the object?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(if positive, indicate the guarding company)
Are there any other insurance contracts concluded regarding the insurance object that were effective during the accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(if positive, indicate the Insurance company)
Is there any insurance claim submitted regarding the accident to another insurance company?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(if positive, indicate the insurance company)
Do you know the persons who are responsible for the losses?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(if positive, indicate the persons)

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

**Description of the accident**

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

**The insurance indemnity shall be transferred to (to be filled out only by the authorised representative):**

Owner  Authorized person (Authorization must be presented)

Receiver of an indemnity:

Name, Surname/Appellation: \_\_\_\_\_ Personal No/Reg.No.: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

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.

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: \_\_\_\_\_