

# LEGAL EXPENSES INSURANCE

## Application for indemnity

### Pieteikuma iesniedzējs

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

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

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

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

### Legal assistance claim to

- receive indemnification for the losses incurred due to the road traffic accident (RTA) from the insurance company that has insured civil liability of the vehicle owner who has caused the RTA or from a vehicle insurance bureau of a respective country;
- receive the compensation for the losses incurred due to the road traffic accident from the responsible person when the losses are not indemnified in accordance with the regulatory enactments governing the compulsory civil liability insurance of motor vehicle owners or that exceed the liability limits prescribed by the aforementioned regulatory enactments;
- to defend legal rights in the criminal proceedings initiated in relation to the RTA according to which the owner, holder or authorised driver of the vehicle claims the loss compensation pursuant to the regulatory enactments governing compulsory civil liability insurance of motor vehicle owners;
- receive defence of legal rights in administrative proceedings and administrative cases in relation to administrative violations regarding road traffic using the vehicle specified in the OCTA contract.

### Information about the Accident

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

### Description of the accident

### Information about the vehicle

Your vehicle (or the vehicle where the injured person was):

Make, model: \_\_\_\_\_ Registration plate number: \_\_\_\_\_

Damaged vehicle can be inspected by an appointed expert:

- On the territory of BTA  In another place: \_\_\_\_\_  
(address, name, surname, phone number of contact person)

### Information about the documents attached to the application

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: \_\_\_\_\_