

Applicant

Name, Surname: _____ Personal No: _____
Address: _____ Postal code: _____
Phone: _____ e-mail: _____
Policy No: _____

Information on vehicle theft

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

Information on the stolen vehicle

Make, model: _____ Registration plate number: _____
Color: _____ Date of the first registration: _____

Information about the driver

Name, Surname: _____ Personal No: _____
Address: _____ Phone: _____

Additionally reported to


Police _____ Date: _____ Time: _____
(indicate the department, indicate the contact number to which and from which the call was made)
 BTA 26 12 12 12 _____ Date: _____ Time: _____
(indicate the telephone number from which the call was received)


Information on the vehicle theft circumstances

Description (in detail, in chronological sequence):

Scheme at the moment of the theft:

+ Add image (in PDF format)



 Your vehicle

Information about the documents attached to the application:

By signing this insurance claim application hereunder, I confirm that I am aware that a precondition for granting insurance indemnity is providing explanatory statements by the vehicle's legal user, owner. Statement of information regarding vehicle theft circumstances is to be deposited at BTA Economic Security Department, with a prior coordination of the visit time by phone 26 12 12 12.

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: _____