

CARGO INSURANCE

Application for indemnity

Applicant

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

Information about the accident

thievery as a result of a traffic accident damaged cargo delivered other: _____

Established cargo damage or loss

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

Carrier name, address, phone (when more than one, specify all):

Forwarder, if assigned (name, address, phone):

Name of the cargo, its brief description:

Description of damage:

Amount of loss: (when known):

The underlying notified

Public institutions:	1 _____ (specify – which)	Date: _____	Time: _____
	2 _____ (specify – which)	Date: _____	Time: _____
Other persons:	1 _____ (specify – which)	Date: _____	Time: _____
	2 _____ (specify – which)	Date: _____	Time: _____

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

Description of incident-related facts (Detailed accident description in chronological order. If necessary, attach a separate sheet):

Applicant

Name, Surname: _____
Signature: _____
Date: _____

Additional information

Were any security measures provided to the cargo?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(specify the type of security provided and by whom)
Has an application been filed with another insurance company?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(when known, specify – which)
Specify documents confirming the fact of cargo damage, loss (e.g., CMR waybill, incident report, etc.)		
Specify persons responsible for damages (e.g.: cargo handler, party to a traffic accident, other carrier, etc.)		
Has the responsible person voluntarily agreed to compensate for losses?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(specify the manner and amount)

Information about the documents attached to the application

Copy of the passport or the driver's licence of the submitter

Documents confirming the occurrence and causes of the accident and the amount of losses (statements, documents of public institutions, etc.)

Other: _____
(all transport documents)

Complaints submitted to and received from third parties

Transport documents (CMR waybills, bills of lading, etc.)

Insurance indemnity payable to cargo owner by bank transfer

Insured

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 owner:

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 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: _____