

MTPL INSURANCE

Explanatory statement regarding a road traffic accident

Applicant

Name, Surname: _____ Personal No: _____
Address: _____ Postal code: _____
Phone: _____ e-mail: _____
Relation to vehicle: owner holder driver another person: _____

Information about the Traffic Accident

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

Information about the vehicle

Your vehicle:	The other vehicle:
Make, model: _____	Make, model: _____
Registration plate number: _____	Registration plate number: _____
Number of certificate of registration: _____	Number of certificate of registration: _____
MTPL No <input type="checkbox"/> Yes <input type="checkbox"/> Insurer: _____	MTPL No <input type="checkbox"/> Yes <input type="checkbox"/> Insurer: _____
Insurance policy number: _____	Insurance policy number: _____
CASCO No <input type="checkbox"/> Yes <input type="checkbox"/> Insurer: _____	CASCO No <input type="checkbox"/> Yes <input type="checkbox"/> Insurer: _____
Insurance policy number: _____	Insurance policy number: _____

Had your vehicle got any damages before the Traffic Accident:
No Yes _____
(please mention damages)

Information about the driver of the damaged vehicle

Name, Surname: _____ Personal No: _____
Address: _____ Postal code: _____ Phone: _____
e-mail: _____ Reg. No. of the driving licence: _____

Additional Information

It was informed about Accident to:

<input type="checkbox"/> Police _____	Date: _____	Time: _____
<input type="checkbox"/> arrived <input type="checkbox"/> didn't arrive		
<input type="checkbox"/> police report was drawn up <input type="checkbox"/> wasn't drawn up		
<input type="checkbox"/> State Emergency Service _____	Date: _____	Time: _____
<input type="checkbox"/> Insurance Company: _____	Date: _____	Time: _____
<input type="checkbox"/> Another Institution: _____	Date: _____	Time: _____

Accident Agreement was filled in:
 Yes No

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)

After Traffic Accident vehicle was repaired:
 No Yes _____
(please mention damages)

Applicant

Name, Surname: _____
Signature: _____
Date: _____

Are there any photos or footage of the accident scene available?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(Please specify)
Did anyone of the involved parties leave the place of Accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(Please specify)
Did anybody have personal injuries?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(Please specify)
Were there perished persons in the result of this Traffic Accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(Please specify)

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

Information about Circumstances of Traffic Accident

Description of Traffic Accident

In detail, in chronological sequence:

Scheme at the moment of the Traffic Accident

+ Add image (in PDF format)

other vehicle

your vehicle

crossroads

obstacle

traffic sign

damaged part of the vehicle

* If more than 2 vehicles were involved in the Traffic Accident, please draw all of them

Damages appeared in the result of this Traffic Accident:

Circumstances of Traffic Accident

Weather conditions and conditions of road surfacing: _____ Speed of your vehicle directly before Traffic Accident: _____ Permitted speed: _____

Information about the documents attached to the application

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Copy of the driving licence
<input type="checkbox"/> Copy of the vehicle's certificate of registration
<input type="checkbox"/> Accident Agreement (original) | <input type="checkbox"/> Copy of CASCO insurance policy
<input type="checkbox"/> Copy of OCTA insurance policy
<input type="checkbox"/> Other documents _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

By signing this insurance claim application hereunder I confirm that:

- 1 Agreement with the injured person on damages compensation concluded; compensation paid to the injured person.
- 2 I am aware of criminal liability under Section 177 (fraud) or Section 178 (insurance fraud) of the Criminal Law.
- 3 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.

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, the Insured and the injured third party, 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: _____