

# 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

<b>Your vehicle:</b>	<b>The other vehicle:</b>
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**

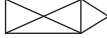
Description of Traffic Accident


In detail, in chronological sequence:


Scheme at the moment of the Traffic Accident


+ Add image (in PDF format)


Damages appeared in the result of this Traffic Accident:


 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

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<br><input type="checkbox"/> Copy of the vehicle's certificate of registration<br><input type="checkbox"/> Accident Agreement (original) | <input type="checkbox"/> Copy of CASCO insurance policy<br><input type="checkbox"/> Copy of OCTA insurance policy<br><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: \_\_\_\_\_