

# MTPL INSURANCE

Application for indemnity (For damages caused to property)

## Applicant

Name, Surname: \_\_\_\_\_ Personal No: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Information about the Accident

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

## Information about the liable vehicle

Make, model: \_\_\_\_\_ Reg. plate No.: \_\_\_\_\_  
MTPL No  Yes  Insurer: \_\_\_\_\_ Insurance policy No.: \_\_\_\_\_

## Information about the damaged property

<input type="checkbox"/> Building <input type="checkbox"/> Fence <input type="checkbox"/> Gas station, equipment <input type="checkbox"/> road buildings, traffic sign immovable property <input type="checkbox"/> Other real estate <input type="checkbox"/> Other movable property			
No. in order	List of the objects damaged in Traffic Accident	Year of output (production)	Actual value
1			
2			
3			
4			

## Information about the owner of the damaged property

Name, Surname/Appellation: \_\_\_\_\_ Personal No/Reg.No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

## Information about the holder of the damaged property

Name, Surname/Appellation: \_\_\_\_\_ Personal No/Reg.No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

## It was informed about Accident to

112 \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(indicate the tel. No from which the call was received and reg. No of the call, if it is known)  
 BTA 26 12 12 12 \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(indicate the telephone number from which the call was received)  
 Police \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(indicate the department, indicate the contact number to which and from which the call was made)  
 Another Institution \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(indicate to which and how)

## Processing of the Accident

Police report \_\_\_\_\_  
(report number)

## Additional Information

Amount of Damage: \_\_\_\_\_ (if it is known)  
Damaged property can be inspected by an appointed BTA expert:  
 On the territory of BTA  In another place: \_\_\_\_\_  
(address, name, surname, phone number of contact person)

## Applicant

Name, Surname: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Are there any previous damages to the property that have not been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(If yes, please specify)
Was anyone involved in Accident under the influence of alcohol or other narcotic substances?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(If yes, please specify)
Did anyone of the involved parties leave the place of Accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(If yes, please specify)
Did anybody have personal injuries?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(If yes, please specify)
Were there perished persons in the result of this Accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(If yes, 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 Accident**

**Description**

In detail, in chronological sequence:

**Scheme at the moment of the Accident**

+ Add image (in PDF format)

<input type="checkbox"/> obstacle	<input type="checkbox"/> damaged property	<input type="checkbox"/> traffic sign
<input type="checkbox"/> vehicle which caused damage	<input type="checkbox"/> Other vehicle	

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

Other important information on the accident (observations, disparities):  
 \_\_\_\_\_  
 \_\_\_\_\_

**To be filled out by the person who claims the insurance indemnity (owner, authorised person)**

Insurance indemnity is to be paid with wire transfer to the owner (in case of credit obligation – to the holder)

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 vehicle owner/holder:

- 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.

**Information about the documents attached to the application**

1 \_\_\_\_\_ 4 \_\_\_\_\_  
 2 \_\_\_\_\_ 5 \_\_\_\_\_  
 3 \_\_\_\_\_ 6 \_\_\_\_\_

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 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: \_\_\_\_\_