

MTPL INSURANCE

Application for indemnity (For losses caused to person)

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 suffered person

Driver Passenger Pedestrian Bicyclist Other person _____

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

Where was the suffered person at the moment of Accident? in the damaged vehicle in another vehicle on the pavement in another place

Information about the losses of the suffered person

First aid was applied by (name the medical institution): _____

Treatment was continued (name the medical institution): _____

Value of your personal injury claim (amount, if known): _____

Losses of the suffered party are connected with:

person treatment temporary disablement complete disablement non-material losses
 burial expenses loss of the breadwinner other reasons _____

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

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 Traffic Accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(If yes, please specify)

Applicant

Name, Surname: _____
Signature: _____
Date: _____



Information about Circumstances of Accident





Description:

(Description of the accident circumstances in chronological order, also specifying details on personal injuries if any sustained)

Scheme at the moment of the Accident:

+ Add image (in PDF format)

 liable vehicle
  other vehicle

 suffered person
  crossroads
  obstacle
  traffic sign

* If more than 2 vehicles were involved in the Traffic Accident, please draw all of them
 ** Please indicate vehicle in which was the suffered person

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

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

Insurance indemnity is to be paid with wire transfer:

Name, Surname/Appellation: _____ Personal No/Reg.No.: _____

Address: _____ Postal code: _____

Name of the bank: _____

Account number: _____ Currency: _____

Partially paid and unpaid documents after decision:

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: (document name, number, total)

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.

The submitting of this application will entitle BTA to process the sensitive data of the injured third party, as insurance indemnity adjustment is not feasible without processing the sensitive data of the injured third party.

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: _____