

# 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


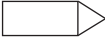
### Description:





(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: \_\_\_\_\_