



### Applicant:

Name, Surname: \_\_\_\_\_ Personal code: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Participants:

	<i>Information about me</i>	<i>Information about the other participant (if known)</i>
Mark, model, reg.no:		
Insurer, policy no:		
Driver's Name and Surname:		
Driver's ID code:		
Driving licence, category:		
Phone, e-mail:		

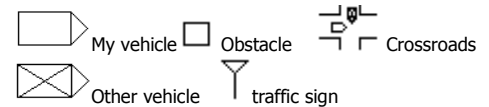
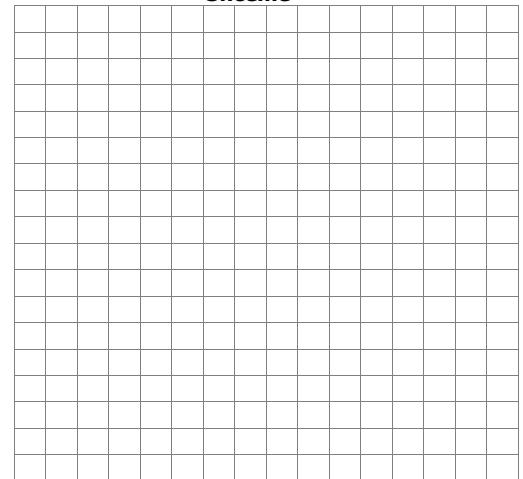
### Circumstances of the Accident:

Place/Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Description (in chronological sequence):

### Shceme



*\* In case the accident involved several vehicles, please add information about all involved vehicles.*

### Damage(s) of vehicle:

Vehicle's damages:

Other property damage (besides vehicle's damages):

### Additional information:

Was anyone else informed about the accident (employer, other insurer etc)? Who?: \_\_\_\_\_ Phone: \_\_\_\_\_

Road and weather conditions at the time of accident: \_\_\_\_\_ Speed was: \_\_\_\_\_ Km/h

How was the vehicle transported from the location of accident?  Driven  Towed by other vehicle  Towed by tow-car \_\_\_\_\_  
 (Data of company which provided towing service)

Were any of the participants under the influence of alcohol or other drugs?  No  Yes \_\_\_\_\_ (mark who)  
 Did anyone leave the location of accident unauthorized?  No  Yes \_\_\_\_\_ (mark who)

Date: \_\_\_\_\_ .201 a.

Signature: \_\_\_\_\_

Was your vehicle damaged prior to the accident?  No  Yes

\_\_\_\_\_ (mark damaged parts)

BTA representative can inspect the vehicle:

in BTA office  In other place

\_\_\_\_\_ (Address, name and phone number of contact person)

**Attached documents:**

Applicant's Identity documents

Accident agreement

Copy of Registration Certificate

Other: \_\_\_\_\_

**Information about insurance indemnity:**

Preferred way to receive insurance indemnity:  guarantee letter to repair shop

bank transfer (only in case of total loss)

Beneficiary: \_\_\_\_\_

Personal code/registration code: \_\_\_\_\_

Account number (IBAN): \_\_\_\_\_

Bank: \_\_\_\_\_

**Additional information:**

**By signing this application I confirm that:**

- I give my consent to AAS „BTA Baltic Insurance Company“ Eesti filiaal (hereinafter BTA) to record phone calls, verbal conversations, and other information connected to the insurance event with a help of audio equipment. BTA is entitled to use these recordings for determination of insurance contract obligation and its scope ascertainment. Recordings are retained during a period established by the law, after which they are destroyed.
- I am aware, that BTA is entitled to process my personal data including sensitive data (about my health condition and disability), which is necessary for determination of insurance contract obligation and its scope ascertainment, as well as for presenting the claim for recourse, in accordance with Personal Data Protection Act and Insurance Activities Act.
- I confirm, that information provided by me is correct and complete. I am aware, that in case of submitting false or incomplete information BTA has a right to reduce the amount of compensation or to refuse the claim. In addition, BTA may implead on the basis of Penal Code § 209 (fraud) or § 212 (insurance fraud) and reclaim all costs incurred.
- I confirm, that I have understood, that the insurance indemnity is paid only after submitting all documents required by BTA that confirm occurrence of an insurance event and amount of damage.
- I agree, that BTA withholds from the indemnity amount the costs related to returning the documents originals by registered mail, in case I want them to be returned and have chosen the relevant method of dispatch.
- I confirm that I am rightful for signing the current application.

I would like to receive all the information about claim handling  by post  by e-mail

**Applicant:**

Date: \_\_\_\_\_ .201 a.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_