

EXPLANATION LETTER

About accident



Applicant/policyholder:

First and last name: _____ ID-number: _____

Address: _____

Phone nr: _____ E-mail: _____

Policy nr: _____ Start date: _____ End date: _____

Informatsioon juhtumi kohta:

Place: _____ Date: _____ Time: _____

Explanation:

By signing this application:

- I give my consent to AAS „BTA Baltic Insurance Company“ Eesti filiaal (reg. number 11223507) (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 because 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:

First and last name: _____

Date / Signature: _____