



Application No. _____

Case No. _____

Application for indemnity in travel insurance

APPLICANT

Name, Surname _____ Personal identity number _____ - _____
Address _____ LV- _____
Phone _____ E-mail _____

INSURED PERSON (the injured insured person)

Policy number _____ Validity period from _____ . _____ . _____ to _____ . _____ . _____
Insurance program Basic Standard Silver Gold Platinum
Name, Surname _____ Personal identity number _____ - _____
Address _____ LV- _____
Phone _____ E-mail _____

INFORMATION ABOUT THE ACCIDENT

Date of the accident: _____, 20____, exact time, at _____: _____ . Location of the accident: country _____
City, populated area _____

IS THE ACCIDENT REPORTED TO THE ASSISTANCE SERVICE?

No Yes Smile Assistance

NATURE OF THE ACCIDENT

- | | | |
|--|--|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Trauma | <input type="checkbox"/> Dentistry |
| <input type="checkbox"/> Medical transport costs | <input type="checkbox"/> Purchase of medical aids | <input type="checkbox"/> Repatriation in case of death |
| <input type="checkbox"/> Repatriation of a patient | <input type="checkbox"/> Funeral costs in abroad | <input type="checkbox"/> Transport and residence costs for one relative |
| <input type="checkbox"/> Organization of meeting in the home country | <input type="checkbox"/> Death caused by an accident | <input type="checkbox"/> Permanent disability caused by an accident |
| <input type="checkbox"/> Passport insurance | <input type="checkbox"/> Informative assistance | <input type="checkbox"/> Civil liability |
| <input type="checkbox"/> Transport accident | <input type="checkbox"/> Travel cancellation | <input type="checkbox"/> Travel termination |
| <input type="checkbox"/> Delay of a trip | <input type="checkbox"/> Being late for a trip | <input type="checkbox"/> Loss of luggage |
| <input type="checkbox"/> Damage of luggage | <input type="checkbox"/> Delay of luggage | <input type="checkbox"/> Theft of luggage |
| <input type="checkbox"/> Breaking of sports inventory | <input type="checkbox"/> Damage of sports inventory | <input type="checkbox"/> Delay of sports inventory |
| <input type="checkbox"/> Theft of sports inventory | <input type="checkbox"/> Difference of flights | <input type="checkbox"/> Chemical cleaning and repair of clothing |
| <input type="checkbox"/> Medical costs in the home country | <input type="checkbox"/> Legal costs | <input type="checkbox"/> Substitution of the insured person |
| <input type="checkbox"/> Other (indicate) _____ | | |

SIGNATURE AND DATE OF THE APPLICANT

Signature _____ Date: _____, 20____



DESCRIPTION OF THE ACCIDENT (In detail and in chronological order. Upon necessity attach on a separate page.)

FIRST AID

Date: _____, 20____ at _____: _____. Medical treatment institution: _____

PERSONALLY COVERED CHARGES

Do not exist Exist For the amount (specify the currency) _____

PLEASE PAY THE INSURANCE IDEMUNITY BY A TRANSFER

Beneficiary _____

Personal Identity Number/Reg. No. of the beneficiary: _____ Name of the bank _____

Account No.: _____

THE DOCUMENTS ATTACHED TO THE APPLICATION (mark the necessary by "X")

- | | |
|---|---|
| <input type="checkbox"/> Medical documentation (original) | <input type="checkbox"/> Cheques (originals) |
| <input type="checkbox"/> Prescriptions _____ (number) | <input type="checkbox"/> Invoices |
| <input type="checkbox"/> Travel documents - tickets | <input type="checkbox"/> Statement from the carrier |
| <input type="checkbox"/> Other documents (list, number) _____ | |

BY SIGNING THIS APPLICATION I CONFIRM THAT:

- In writing by mail to the following address: _____
- In writing to the following e-mail address: _____
- Verbally by calling the following phone number: _____
- In the form of a short message to the following phone number: _____

BY SIGNING THIS APPLICATION I CONFIRM THAT:

The aforementioned information is true.
I am informed that in case of provision of false information IJSC "Baltijas Apdrošināšanas Nams" has the right not to pay an insurance indemnity and I may be held liable in accordance with the procedure prescribed in the regulatory enactments of the Republic of Latvia.
In accordance with the Personal Data Protection Law and other regulatory enactments of the Republic of Latvia I allow IJSC "Baltijas Apdrošināšanas Nams" to receive and process my personal data as a system manager, personal data recipient and personal data operator for the purpose of fulfillment of the insurance contract and if the beneficiary, insured person and the person signing the application who are specified in the contract is not the same person, I have received and will present upon necessity a written permit of the owner of the insured object and/ or the beneficiary of the insurance indemnity specified in the insurance contract to process personal data, including sensitive personal data and personal identification (classification) codes as a person who signs the accident application.

SIGNATURE AND DATE OF THE APPLICANT

Signature _____ Date: _____, 20____

Application for indemnity in travel insurance

TO BE FILLED IN BY THE INSURER'S REPRESENTATIVE

The application was accepted by _____ on _____, 20____

Signature _____