

## APPLICATION FOR PAYMENT OF INDEMNIFICATION FOR DAMAGES TO MOTOR VEHICLE

- under Motor Casco Insurance, Policy № \_\_\_\_\_  
 under Motor third party liability insurance, Policy № \_\_\_\_\_

### CLAIMANT

\_\_\_\_\_ Personal ID No. \_\_\_\_\_  
(full name)  
 Town/settlement \_\_\_\_\_ address \_\_\_\_\_  
 e-mail \_\_\_\_\_ phone: \_\_\_\_\_  
 In the capacity as:  owner  representative of the owner  insurance agent  other \_\_\_\_\_

### INFORMATION ABOUT THE MOTOR VEHICLE

State registration plate № \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_

### OWNER OF THE MOTOR VEHICLE

The claimant  
 Other entity/person - \_\_\_\_\_, Personal ID No. / UIC \_\_\_\_\_  
(full name or designation)  
 Town/settlement \_\_\_\_\_ address \_\_\_\_\_ e-mail \_\_\_\_\_ phone \_\_\_\_\_

### INFORMATION ABOUT THE EVENT

Date: \_\_\_\_\_ time \_\_\_\_\_ town/settlement \_\_\_\_\_ address \_\_\_\_\_  
 Place:  Settlement  Highway  Intercity road  Dirt road  Parking  Other - \_\_\_\_\_  
 Description of the event : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### INFORMATION ABOUT THE DRIVER / OTHER PARTIES INVOLVED IN THE EVENT

Upon the occurrence of the event the motor vehicle was driven by:  The claimant  The owner  
 Other person - \_\_\_\_\_  
(full name)  
 Town/settlement \_\_\_\_\_ address \_\_\_\_\_

**Information about the driving licence of the driver:** № \_\_\_\_\_ category \_\_\_\_\_ issuing country \_\_\_\_\_

Valid through \_\_\_\_\_ driving record to the driving licence:  NO  YES; **Administrative violation act:**  NO  YES Dated \_\_\_\_\_

**Other parties involved in the road accident:** Motor vehicle with plate № \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_

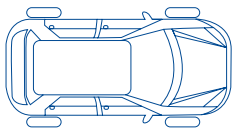
Driver \_\_\_\_\_  
(full name)

**Bodies of traffic police have been informed?**  NO  YES **Call Centre of Armeec Insurance JSC has been informed for the event?**  NO  YES

**Competent body has issued a document for the event?**  NO  YES -  Road Accident Protocol  Bilateral Protocol  Certificate

### DESCRIPTION OF DAMAGES TO THE MOTOR VEHICLE

Damaged area is marked with an "X"



\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### INDEMNIFICATION

I choose the following method of indemnification **under Motor Casco Insurance:**

- According to expert evaluation of the Insurer  Repair in official repair shop - \_\_\_\_\_  
 According to invoice for repairs  Repair in a service recommended by Armeec - \_\_\_\_\_

I wish the indemnification to be paid to the following account IBAN: | | | | | | | | | | | | | | | | | | | | | |

Account's holder \_\_\_\_\_

Indemnification for the same event is pending to be received / has been received by other party or insurer?  NO  YES - \_\_\_\_\_

I have been informed that the personal data I have provided are processed by Armeec Insurance JSC as a personal data controller in accordance with Regulation (EU) 2016/679 and the current Bulgarian legislation. I am aware of the information for protection of personal data under Article 13 of the General Data Protection Regulation of the Insurer, available at the Company's offices and published at: www.armeec.bg.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

Data on the driving licence of the driver checked by: \_\_\_\_\_  
(name and signature of the official at Armeec Insurance JSC, who has accepted the application for payment of indemnification)