

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 _____

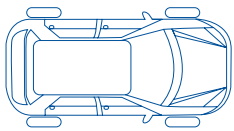
Driver _____
(full name)

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)