



CLAIM NOTIFICATION ABOUT LIABILITY INSURANCE



Notification No.: _____

Reporting person:

Name, Surname: _____ ID No. _____

Address: _____ Phone: _____

E-mail _____

Insured:

Name, Surname / Company: _____ Nr. ID No. / Reg. No.: _____

Address, e-mail: _____, Phone: _____

Victim:

Name, Surname / Company: _____ Nr. ID No. / Reg. No.: _____

Address, e-mail: _____, Phone: _____

Policy No.: _____

Other valid insurances to the insured object (state insurer) _____

Date and place of accident: _____

Description of accident (if necessary, attach on separate page): _____

Notification has enclosed following documents _____

Where the accident was reported to? (For example police, house-manager's office) _____

Estimate the amount of loss _____

In signing this application for compensation, I confirm that the information provided above conforms to the truth. I am aware that by providing false or misleading information, If P&C Insurance AS Latvijas filiāle is entitled not to pay out insurance compensation to me or the person specified in the insurance contract and that I may be held responsible in accordance with the procedures prescribed in the regulatory enactments of the Republic of Latvia.

With my signature, I confirm that in accordance with the Personal Data Protection Law and other regulatory enactments, I permit (or in the event that the recipient of compensation specified in the insurance contract, the insured person and the person that signs the insurance compensation application are not one and the same person as the person who has signed the insurance compensation application, I confirm that I have received and, if necessary, will present the relevant written permission of the owner of the insured object and/or that of the recipient of insurance compensation specified in the insurance contract) If P&C Insurance AS Latvijas filiāle as the system administrator and data operator to process my data or that of the owner of the insured object or that of the recipient of the insurance compensation specified in the insurance contract to ensure the implementation of the insurance contract and for the purposes of market research and offering insurance services. The data in question shall include, but not be restricted to, sensitive personal data. I further permit If P&C Insurance AS Latvijas filiāle to receive my data or that of the owner of the insured object or that of the recipient of the insurance compensation specified in the insurance contract from State and local government institutions, private individuals and/or legal entities.

Signature: _____

Notification received by: _____

(to be filled by the insurer)

Date: 201____. ____.