

## Indemnity application for civil liability (CL) insurance

<b>Information on insurance policy</b>	Policy number:
<b>Policy holder/Insured</b>	Name:
	Registration No:
	Phone: E-mail:
<b>Information on the applicant of an insurance event</b>	First Name, Last name:
	ID number:
	Address:
	Phone: E-mail:
<b>Information on damage</b>	Date and time of damage event:
	Location and address of damage event:
	Were the authorities informed? If yes, please specify
	Description of an insured event
<b>Individual/Company to which damage has been caused</b>	Name/First name, Last name:
	Reg.No./ID number:
	Address:
	Phone: E-mail:
<b>Approximate amount of damage</b>	
<b>Other insurance policies that could indemnify the damage caused. If yes, please specify the information</b>	
<b>Attached documents</b>	

## Agreement to individual's data processing

Seesam Insurance AS Latvian branch (hereinafter Seesam) for fulfilling service contract and its related liabilities shall process individual's data according to Seesam Privacy Policy (see [www.seesam.lv/par-seesam/privatuma-politika](http://www.seesam.lv/par-seesam/privatuma-politika)). Data shall be processed in the amount and according to the procedure required to ensure fulfilling of the contract in sufficient extent.

According to this

I allow to process and to store my personal data	Yes	No
I allow Seesam Insurance AS Latvian branch as data Controller to process my health data	Yes	No
I agree to receive campaign offers, discounts and news	Yes	No
I agree to receive insurance offers created individually for me	Yes	No
I agree to participate in surveys to improve existing services and to create new ones	Yes	No
I approve that information I have provided is topical and true	Yes	No

Hereby, I undertake to provide all information available to me regarding this event as well as to cooperate to get additional information required for reviewing this claim. If information provided by me is misleading or false or insurer's instructions are not taken into account the payment of the insurance indemnity may be decreased or refused.

First name, Last name \_\_\_\_\_ Place, date \_\_\_\_\_ Signature \_\_\_\_\_