Šiaulių bankas kredito kortelės turėtojų  
**Pirkinių draudimo** žalos pranešimo forma



Šiaulių Bank Credit Cardholder  
**Purchase Protection** Insurance Claim Reporting Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | | **Apdraustasis/ Insured person** | | | | Vardas/ Name | Pavardė/ Surname | | | Asmens kodas/ Personal ID | | | | Namų adresas/ Home address | | | | Telefono numeris/ Phone number | | | | El. paštas/ E-mail | | | | **Mastercard Gold kredito kortelės** paskutiniai 4 skaičiai**/**  **Mastercard Gold Credit Card last 4 digits** | | | | **Įvykis/ Accident** | | | | Patirti nuostoliai/ Type of claim | | | | Pirkinio vagystė / Theft of the Purchase  Pirkinio sugadinimas, sunaikinimas / Damage, destruction of the purchase | | | | Įvykio data/ Date of accident  Įvykio laikas/ Time of accident | | | | Įvykio vieta (apibūdinimas ir adresas)/ Place of accident (description and address) | | | | Įvykio aplinkybės/ Circumstances of the accident | | | | Ar apie įvykį pranešta policijai ar kitoms vietinėms institucijoms (jei taip, nurodykite kokioms ir kada)?/ Did you notify police or other appropriate local authorities (if yes, please indicate authority and date of notification)? | | | | **Prie pranešimo pridedami dokumentai/ Enclosed documents** | | | | Policijos ar kitos institucijos pažyma/ certificate issued by the police or another competent authority  Pirkinio įsigijimo dokumentai / Documents confirming purchase | Sąskaitos ar kiti nuostolio dydžiui patvirtinti reikalingi dokumentai/Bills or other documents required for the determination of loss  Kiti/Other | | | **Draudimo išmokos gavėjas/ Insurance beneficiary** | | | | Vardas/ Name | | Pavardė/ Surname | | | Banko sąskaitos Nr. (IBAN)/ Beneficiary’s bank account (IBAN) | | | | Banko pavadinimas/ Bank name AB Šiaulių bankas | | | | Banko adresas/ Bank address Tilžės g.149, LT-76348 Šiauliai, Lietuva | | | | Banko SWIFT (BIC) kodas/ Bank SWIFT (BIC) code CBSBLT26 | | | | **Dokumentų pateikimas/ Providing of documents** | | | | Dokumentus galima pateikti vienu iš nurodytų būdų:/ All documentation shall be provided in one of the following ways:   * El. paštu/ E-mail: zalos@bunda.eu/ claims@bunda.eu * Telefonu/ Phone number: +370 52 667799 | | | | Sutinku, kad draudikas Lloyd’s Insurance Company S.A. veikiantis per Baltic Underwriting Agency, AB (BUNDA) tvarkytų (rinktų, saugotų) nukentėjusiojo (Apdraustojo) asmens duomenis, reikalingus nustatyti įvykio aplinkybes, draudimo išmokos dydį ir/ar pagrįstumą. Man yra žinoma, kad Lietuvos Respublikos Asmens duomenų teisinės apsaugos įstatyme yra numatyta teisė nesutikti, kad būtų tvarkomi nukentėjusiojo (Apdraustojo) asmens duomenys./ I agree that Insurer Lloyd’s Insurance Company S.A. acting through Baltic Underwriting Agency, AB (BUNDA) are appointed to handle (collect, keep) all neccesary personal data in order to investigate the accident. This is to confirm that I am fully aware that there is possibility in [Law on Legal Protection of Personal Data](http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=435305) law not to agree. | | | |
| |  |  | | --- | --- | | **Pranešimą užpildė/ Form completed by** | | | Pats Apdraustasis/ Injured person  Kitas asmuo/ Other person | | | Vardas/ Name | Pavardė/ Surname | | Telefonas/ Phone number | | | El. pašto adresas/ E-mail | | |

Parašas / Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apie bylos registracijos numerį ir atsakingą ekspertą informuosime Jūsų nurodytu el. paštu.

We will dedicate an expert for your claim and inform you by your specified email.