

Notification of claim Liability



| | |
|-----------------------------------|-----------------------------|
| Name of company and Policy holder | Company registration number |
| Address | Policy number |
| Postal code / zip-code, city | Claim number |
| Contact person | Phone number |
| E-mail | |

Bank account

Bank gov., postal gov.

Bg Pg

Claimant

| | |
|--|--|
| Name | Company registration number/social security number |
| Address | Phone number |
| E-mail | Bank account |
| Is the claimant an employee? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, claimant's occupation |

Claim event

| | |
|--|--|
| When did the loss occur? Date and time | Where did the damage occur? (eg. kitchen, attic, basement) |
| Address/Town | |
| Describe the event in as much detail as possible. Include photos if possible | |

| | | |
|---|---------------|--------|
| Are there any compensation claims? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, when? | Amount |
| Are you the sole owner of the property for which the claim is made? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If we find you responsible, will you accede to our decision? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |



F L E 2 0 1 3 1

Notification of claim Liability

Can anyone be regarded as being responsible for the damage? Name, address

Is the claimant in any way responsible for the occurrence? If yes, why?

Yes No

Personal injuries

Where there any personal injuries?

Yes No

Did the injury occur on the way to or from work? or during the performance of official duties?

Is claimant insured? If yes, in which company?

Yes No

What bodily injuries have occurred?

Property

Specify damage to property, what has been damaged and what does the damage consist of?

Are the items insured?

Yes No

If yes, in which company?

Policy number

Is it possible to repair any of the items?

If yes, what is the estimated cost of repair?

The value of the damaged goods before the event

The value of the damaged goods after the event

How does the claimant want to be compensated in case the damaged goods are retained by the owner?

How does the claimant want to be compensated in case the damaged goods are retained by the insurance company?



F L E 2 0 1 3 1

Notification of claim Liability

Other information

VAT

Required to maintain VAT Accounting records

Yes No

Printed name

Signature

Place and date

Signature

Printed name

Send report to:

Moderna Försäkringar
Företags- och Industriskador
FE 380
106 56 Stockholm

Or by e-mail to: foretagsskador@modernaforsakringar.se

