

Notification of claim Property

Moderna

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

Claim event

Fire Water Burglary Act of Nature Disruption Machinery Glass

Date and time for loss/damage

When was the damage noticed?

When did the loss occur? (year, month, day, time)

Claim address

What costs have you had concerning the loss/damage?

Is the loss/damage insured by other? If yes, which company?

How has the damage occurred? Describe thoroughly the course of events and state for example cause of fire, method of break-in etc.



Notice of claim Property

Lost or damaged property

Object (make, type)	Quantity	Year of purchase	Purchase price	Value	Claim for indemnity

Damage to building

Specification of damage	Estimated cost of repairs
Amounts in (currency)	Total

Is anybody at fault for the loss?

Yes No

If yes, name and number

Has the loss been reported to the Police? (In case of theft a Police report shall be attached to this notification of loss)

Yes No

Who owns the damaged or stoled property?

Were the objects leased?

Yes No

Signature

Place and date

Signature of insured

Printed name

Send report to:

Moderna Försäkringar
Företags- och Industriskador
FE 380
106 56 Stockholm



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