

Notification of claim

Business travel



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

Address

Social security no:

Phone number

E-mail

Contact person if other than claimant

Bank account (incl. IBAN & Swift code)

Claim event

Purpose of business travel

Date of loss/damage

Date of departure

Dates of trip from-to

Claim type

Sickness Accident Loss of luggage Delay of luggage Travel delayed Travel cancelled

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

Yes No

Describe the loss/damage

What costs have you had concerning the loss/damage?



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Lost or damaged property

Item	Quantity	Year of purchase	Purchase price	Value	Claim for indemnity

Claim information - illness/accident

What illness/injury have you suffered?

Signature of insured

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

