CLAIM FORM ACCIDENT INSURANCE

CAMPING KEY EUROPE (pag 1/2)

EUROPEISKA ERV

1. Personal information

Name			Social security number/date of birth/
Address			
Postal code	City		Country
Phone.no		Mobile.no	
e-mail		Card.no	

2. Account when reimbursing the claim compensation

Account holder	Bank
SWIFT code	IBAN.no

3. Event of claim

Date of damage	Where did the damage occur
Describe how the damage occurred	
If accident – state kind /diagnosis	
Name of the doctor and / or hospital/medical centre	Phone.no
Address	
Which date did you visit the doctor or other medical caregiver	
Is the incident reported to another insurance company? If yes, which?	Policy.no
Additional information	
If you have had any costs related to the accident, state which and enclose receipts in original	
If you have used your own transportation to a medical caregiver, state the route and distance in kilometer	

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4. **Signature**

I hereby ensure that the information I have given is comprehensive and truthful. I even authorize the doctor, hospital, other medical institutes, insurance establishment (including the social insurance office) to provide information about my heath state to Söderberg& Partners that they consider to need in order to assess my claim for compensation. Furthermore, I give Söderberg& Partners full right of disposition of any unused tickets in this matter.	
Date	Signature

2016-04-01