CLAIM FORM ACCIDENT INSURANCE

CAMPING KEY EUROPE

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:	

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

Claim Form, send to: TMP-Access, Söderberg&Partners Claims department, Sveavägen 159, 113 46 Stockholm Sweden
Phone.nr: +46(0)8 540 804 40