



Notification of claim



Business travel insurance

Policy number (see policy letter)

1 Personal details

Name

Social security number

Occupation

Address (street, box or suchlike)

Postal address (postal code and town/city)

Telephone no. incl. area code (home)

Telephone no. incl. area code (work)

E-mail

Home insurance - Insurance company and policy no.

Bank details (name and address)

Indemnity to be paid to private bank account no. (incl. swift code)

2 Details of employer

Name

Address (street, box or suchlike)

Postal address (postal code and town/city)

Company registration number

Telephone incl. area code

Bank details (name and address)

Indemnity to be paid to postal giro, bank giro, bank account no. (incl. swift code)

Required to maintain VAT accounting records

Yes No

Contact person

E-mail to contact person

3 Details of loss

Date of loss

Time of business travel (from and including - up to and including)

Destination for business travel

3a Travel interruption

Reason for journey home

Date and time

3b Luggage delay at departure*, Travel delay*, Departure cover**¹

Normal time of arrival

Time of arrival due to delay

Reason for delay

* Attach certificate from airline company (co-called PIR report)

** Attach travel certificate from travel organiser

3c Theft

Attach police certificate

Checked-in/ registered property

Hotel room

Was the property kept specially locked in a cupboard, box, draw, suitcase?

Describe sequence of events and specify claim below

In the case of loss during a journey by air¹, attach certificate from airline company (co-called PIR report)

Yes, kept in

No

Car

Where was the property kept in the vehicle?

Type of car (brand and model)

Registration number

Insurance company

Elsewhere

Where?

Was the property locked away? (safe-deposit box etc)

Robbery, assault, bag snatching

Did personal injury occur?

Yes (attach doctor's certificate)

No

Describe sequence of events below!

¹ NOTE! Right to compensation should first be tried by the travel organiser or carrier/airline company.

Have you suffered from the same illness/injury before?

No

Yes

If so, when?

Nature of illness/accident

7 Details of medical costs. N.B. Details shall be supported by original receipts

Date of treatment	Nature of expense (doctor's fees, medicine, travel etc)	Total cost	Reimbursed by social insurance office	Remaining amount	Supporting vouchers

8 The Insured's signature. Required for handling of claim.

I hereby certify that the information within this notification of claim is complete and correct.

Town/city

Date

Signature

Clarification of signature

9 The employer's signature. Required for handling of claim.

I hereby certify that the business travel occurred during the above-mentioned time period.

Town/city

Date

Signature

Clarification of signature

Company name/stamp

Telephone no.

10 Information according to the Swedish personuppgiftslagen (PuL)

PuL (the Personal Data Act) contains regulations regarding the handling of personal data. The purpose of the Act is to protect your personal integrity. In order to be able to fulfil the insurance agreement and our undertakings, we need to process personal data about you. This includes information such as your name, address, social security number, telephone number, e-mail address, and also insurance-related information such as, in appropriate cases, your state of health. In the first instance you provide the information, but we may also need to collect information from, for example, the regional social insurance office, your employer, the authorities, or doctors. The personal data may be handled by other

parties we co-operate with in order to fulfil our undertakings, and also by a higher authority for review of our decision about indemnity. We may also need to provide information about you to authorities that ask for it. All information about you is handled confidentially. You have the right to receive information about the personal data that are held on you, as well as to request correction of incorrect information. Such a request should be submitted in writing to Zurich Insurance plc (Ireland), Sweden Branch, Linnégatan 5, P.O. Box 5069, SE-104 42 Stockholm. The request should be signed by you personally.

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