



Claim number
(Ifylles av AIG)

Claim notification to be sent to:
AIG Europe Limited
Box 3506, 103 62 Stockholm
Phone +46 8 506 920 00
Fax +46 8 506 920 90

NOTIFICATION OF CLAIM – Liability claim

POLICY HOLDER

Organisation Number	Policy Number	
Company Name	Contact Person	
Postal Address	Postcode and City	
Telephone/Mobile	E-mail <input type="checkbox"/> I agree to be contacted by e-mail	
Any compensation shall be paid to:		
Name of Bank	<input type="checkbox"/> Bank account incl. clearing <input type="checkbox"/> Bankgiro <input type="checkbox"/> Plusgiro	
Name if recipient of payment is other than policyholder		
Is any other insurance affected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which?	What type of insurance?
Has notification been made to another insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Company	Claim number

CLAIMANT

Social Security Number/Registration Number	Name
Postal Address	Postcode, City
Telephone/Mobile	E-mail <input type="checkbox"/> I agree to be contacted by e-mail
Any compensation shall be paid to:	
Name of Bank	<input type="checkbox"/> Bank account incl. clearing <input type="checkbox"/> Bankgiro <input type="checkbox"/> Plusgiro
Registered for VAT <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, VAT number

DESCRIBE THE LOSS

When did the loss occur?	Time	Year/Month/Day
Where did the loss occur?	Address	City
Description of the nature, occurrence and sequence of events of the loss		

OTHER INFORMATION

Has this been reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the police report
Were there any witnesses of the event?
Who do you consider to have caused the loss?
Has the injured party contributed to the loss?

PROPERTY DAMAGE

What type of property has been damaged?	Is the property rented/leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing Company Name
What kind of damage has occurred?		
Is the property insured with another company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state the company	Policy number

BODILY INJURY

What kind of bodily injury has occurred?		
Did the injury occur on the way to or from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the injury occur during the course of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The employer of the injured person	Telephone number	
Liability for damages	If we find that you are liable to pay damages, do you then accept that we settle with the other party and that you pay your deductible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liability for damages shall under no circumstances be admitted before the company has given its consent. If a summons is received on account of loss, AIG shall be informed immediately.		
Other comments		

THE CLAIMANT'S SIGNATURE – COMPULSORY

This power of attorney authorises AIG Europe (AIG) to obtain information from physicians, medical institutions, regional social insurance offices, the Swedish National Tax Board and other authorities and insurance companies that may be required for assessing my claims for compensation. This power of attorney also covers the right to inspect medical records, medical certificates and registration documents concerning the circumstances of my insurance claim. I consent to the above documents being provided to AIG. This power of attorney also authorises AIG to provide necessary information to regional social insurance offices.

AIG is the controller of your personal data following your claim. AIG is responsible for giving you information regarding the processing of your personal data and therefore we would like to bring your attention to the following. The purpose of the processing of your personal data is insurance administration and investigation of potential insurance compensation. You decide yourself if you wish to send us any personal data. The personal data will not be used for direct marketing and we will not transfer the data to any third party for marketing reasons. If the claim has occurred in another country or if the applicable policy is written in another country or in some cases due to insurance administration we might transfer your personal data to AIG office in another country. Your personal data may also be transferred to a lawyer or expert if needed to investigate the claim and to your company or responsible insurance broker in form of statistical data. The category of personal data processed is such data that is needed to make a decision in your claims case. Thus name, address, other contact information, the circumstances of the loss /illness /accident, your social security number, bank details and after consultation with you doctor's certificate or case book might be processed if that is necessary to investigate your claim. You may upon request and free of charge ones a year receive information from us regarding which type of your personal data we are processing. If you wish to make such a request or if you wish to correct your personal data should the information be incorrect or misleading you can find AIG contact details at the very top of this form together with our registration number.

By providing your Personal Information to AIG in connection with your claim, and your signing thereof, you consent to the collection and processing (including use and the international disclosure) of your Personal Information as stated in our Privacy Policy which is available at www.aig.se/se-privacy-policy or can be sent to you from AIG Europe Limited, Box 3506, 103 69 Stockholm. To the extent that you provide Personal Information about any other individual, you certify that you have been permitted or is otherwise authorized thereto and that you have provided information to the individual about the content of AIG Privacy Policy.

I consent to that AIG can process my personal data in accordance with the above.

I certify that the above stated information is correct and truthful.

City and date	Signature
	Clarification of signature