



Claim number  
(Ifylles av AIG)

Claim notification to be sent to:  
AIG Europe Limited  
Box 3506, 103 69 Stockholm  
Phone +46 8 506 920 00  
Fax +46 8 506 920 90

## NOTIFICATION OF CLAIM – Property damage

### POLICY HOLDER

|  |                        |  |                         |
|--|------------------------|--|-------------------------|
| Corporate Number   |                        | Policy Number  |                         |
| Company Name   |                        | Contact Person   |                         |
| Postal Address   |                        | Postal Code 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                         | If yes, which company? |  | What type of insurance? |
| Has notification been made to another insurance company?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Company                |  | Claim number            |

### INFORMATION APPLICABLE FOR ALL CLAIMS

|  |                          |                           |                  |
|--|--------------------------|---------------------------|------------------|
| Place of insurance (street address and municipality)   |                          |                           |                  |
| Block/Plot   |                          | Property designation      |                  |
| When did the loss occur? Year/Month/Day and time   |                          | Where did the loss occur? |                  |
| When can the loss be inspected and whom shall the inspector contact?   |                          |                           |                  |
| When did the loss occur? (Year-Month-Date and time)  |                          |                           | Telephone Number |
| Have you requested an estimate of cost?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                    | From whom or which firm? |                           | Telephone Number |
| The loss has affected <input type="checkbox"/> Building <input type="checkbox"/> Moveable Property (motor vehicles also included here) |                          |                           |                  |
| Detailed description (by all means continue on a separate sheet of paper) regarding the occurrence and extent of the loss              |                          |                           |                  |
|  |                          |                           |                  |
|  |                          |                           |                  |
|  |                          |                           |                  |
|  |                          |                           |                  |
|  |                          |                           |                  |

**ÖVRIGA UPPLYSNINGAR**

|   |                      |                             |
|---|----------------------|-----------------------------|
| Do you consider that someone else is responsible for the loss?<br><input type="checkbox"/> Yes/Name   | Telephone Number     | <input type="checkbox"/> No |
| Who owns the object which was damaged or stolen?  |                      |                             |
| Has the injured party contributed to the loss?  |                      |                             |
| Is there an insurance covering the same loss with another company?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the Company Name | Policy Number        | Sum Insured                 |
| Was the object leased property?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Leasinggivarens namn |                             |

**TO BE FILLED IN, IN CASE OF DAMAGE BY FIRE**

|   |        |  |
|---|--------|--|
| Has this been reported to the police?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Where? | Was the fire brigade called?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--------|--|

**TO BE FILLED IN, IN CASE OF BURGLARY, THEFT OR ROBBERY**

|   |
|---|
| What happened?<br><input type="checkbox"/> Burglary and theft <input type="checkbox"/> Damage in case of burglary <input type="checkbox"/> Simple theft <input type="checkbox"/> Robbery <input type="checkbox"/> Assault |
| What does the loss consist of?  |
| Has the loss been reported to the police?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (NB! This loss shall be reported to the police and the report shall accompany this notification)                    |

**TO BE FILLED IN, IN CASE OF DAMAGE BY FIRE**

|  |   |
|--|---|
| Where did the release of water occur (premises and pipe) | Has the loss occurred in a cellar premises?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

**TO BE FILLED IN, IN CASE OF DAMAGE TO GLASS**

|   |             |  |      |                      |         |              |          |          |            |      |
|---|-------------|--|------|----------------------|---------|--------------|----------|----------|------------|------|
| Details of size of damaged glass<br>Height in cm  | Width in cm | Description of the glass (state whether it is curved, hardened, part of a hermetically enclosed structure, ground together or joined with adhesive, painted, blasted, etched, ornamented or similar) |      |                      |         |              |          |          |            |      |
|   |             | The glass is located in  |      |                      |         | The glass is |          |          |            |      |
|   |             | Window   | Door | Counter display case | Display | External     | Internal | Vertical | Horizontal | Flat |
| How many items of glass have been damaged?  |             |  |      |                      |         |              |          |          |            |      |
| The glass was smashed<br><input type="checkbox"/> From the outside <input type="checkbox"/> From the inside |             |  |      |                      |         |              |          |          |            |      |

**SPECIFICATION**

Specification of lost or damaged object (give as detailed information as possible)

| Object   | Purchased from | Number | Purchase-price |       | Value immediately- |       | Compensation claim |  |
|--|----------------|--------|----------------|-------|--------------------|-------|--------------------|--|
|  |                |        | year           | price | before the damage  | after |                    |  |
|  |                |        |                |       |                    |       |                    |  |
|  |                |        |                |       |                    |       |                    |  |
|  |                |        |                |       |                    |       |                    |  |
|  |                |        |                |       |                    |       |                    |  |
|  |                |        |                |       |                    |       |                    |  |
|  |                |        |                |       |                    |       |                    |  |
| If further description is necessary, use a separate sheet of paper |                |        |                |       |                    |       | TOTAL              |  |

**SIGNATURE**

I herewith certify that the above information is correct, and I am aware of its importance in the case of any legal action.

|                |                            |
|----------------|----------------------------|
| Place and date | Signature                  |
|                | Clarification of signature |