



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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which company?		What type of insurance?
Has notification been made to another insurance company? <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? <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? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the Company Name	Policy Number	Sum Insured
Was the object leased property? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	Was the fire brigade called? <input type="checkbox"/> Yes <input type="checkbox"/> No
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TO BE FILLED IN, IN CASE OF BURGLARY, THEFT OR ROBBERY

What happened? <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? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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TO BE FILLED IN, IN CASE OF DAMAGE TO GLASS

Details of size of damaged glass 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 <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		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