

# Notification of claim Liability

**Moderna**

Name of company and Policy holder	Company registration number
Address	Policy number
Postal code / zip-code, city	Claim number
Contact person	Phone number
E-mail	

**Bank account**

Bank gov., postal gov.

Bg  Pg 
**Claimant**

Name	Company registration number/social security number
Address	Phone number
E-mail	Bank account
Is the claimant an employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, claimant's occupation

**Claim event**

When did the loss occur? Date and time	Where did the damage occur? (eg. kitchen, attic, basement)
Address/Town	
Describe the event in as much detail as possible. Include photos if possible	

Are there any compensation claims? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?	Amount
Are you the sole owner of the property for which the claim is made? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If we find you responsible, will you accede to our decision? Yes <input type="checkbox"/> No <input type="checkbox"/>		



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Can anyone be regarded as being responsible for the damage? Name, address

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Is the claimant in any way responsible for the occurrence? If yes, why?

Yes  No

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## Personal injuries

Where there any personal injuries?

Yes  No

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Did the injury occur on the way to or from work? or during the performance of official duties?

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Is claimant insured? If yes, in which company?

Yes  No

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What bodily injuries have occurred?

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## Property

Specify damage to property, what has been damaged and what does the damage consist of?

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Are the items insured?

Yes  No

If yes, in which company?

Policy number

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Is it possible to repair any of the items?

If yes, what is the estimated cost of repair?

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The value of the damaged goods before the event

The value of the damaged goods after the event

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How does the claimant want to be compensated in case the damaged goods are retained by the owner?

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How does the claimant want to be compensated in case the damaged goods are retained by the insurance company?

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# Notification of claim Liability

Other information

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**VAT**

Required to maintain VAT Accounting records

Yes  No

Printed name

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**Signature**

Place and date

Signature

Printed name

**Send report to:**

Moderna Försäkringar  
Företags- och Industriskador  
FE 380  
106 56 Stockholm

Or by e-mail to: [foretagsskador@modernaforsakringar.se](mailto:foretagsskador@modernaforsakringar.se)

