

# 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"/>		



F L E 2 0 1 3 1

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

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

Yes  No

## Personal injuries

Where there any personal injuries?

Yes  No

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

Is claimant insured? If yes, in which company?

Yes  No

What bodily injuries have occurred?

## Property

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

Are the items insured?

Yes  No

If yes, in which company?

Policy number

Is it possible to repair any of the items?

If yes, what is the estimated cost of repair?

The value of the damaged goods before the event

The value of the damaged goods after the event

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

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

### If you have any questions, please contact:

foretagsskador@modernaforsakringar.se

### Read our privacy policy:

[www.modernaforsakringar.se/  
om-moderna/privacy-policy/](http://www.modernaforsakringar.se/om-moderna/privacy-policy/)

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



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