



## Damage claim

## Business Travel

Claim no:

### Notification of claim – *mandatory information*

Reason for trip	Business travel Stationed abroad Leisure travel	Insurance policy holder (employer's name)	Insurance policy No.
Destination and dates of travel	Date of departure	Date of return home	Destination (place/country)
Complete if you are stationed abroad	Country where the employee is stationed		

### Employee's personal details – *mandatory information*

Last name	First name	Date of birth (yyyy,mm,dd)		
Full address	E-mail address			
	Fax No.	Telephone (daytime)		
Notification has been made to	Transport carrier	Police	Hotel	No one
Did you pay for medical treatment?	Amount and currency		No	
Do you have homeinsurance?	Insurance company	Policy No.	No	
Has notification been made to any other insurance company?	Insurance company	Claim No.	No	
Compensation should be sent to	Name of bank	Clearing No./Account No.		
International payment	IBAN No./BLZ		SWIFT Code	
Name of payee, if other than policy holder				

**NB!** Please provide information on the injury/damage under a suitable headline. It is important that you write a detailed report on what happened under "damage incident" and that you give details of your compensation claim

### Delayed baggage / travel

Enclose original documents: **Delay certificate, baggage report (PIR) and all supporting receipts.**

Delayed baggage	Where did the delay occur?	Date / Time	Luggage was delivered (Date/Time)	
Delayed travel	Where did the delay occur?	Reason for delay?	Scheduled departure time	Actual time of departure
Missed commencement of journey	Why did you miss the departure?			

### Property (loss of, or damage to)

Enclose original documents: **Police report, all supporting receipts, PIR.**

When and where did the incident occur?	Date and time	Place	
Where were you when the incident occurred?			
Where was the object kept?			
Was the property locked away?	Where and how (i.e. hotel room, safety box, suitcase)	Where was the key kept?	No

### Illness / Accident / Crisis therapy

Enclose original documents: **Doctors certificate, all supporting receipts.**

In case of sickness / accident	Diagnosis / name of the disease	Where did the accident occur?	
When and where was the injury treated?	Date	Full name of doctor and medical facility	
Were you hospitalised?	From date	To date	Name of hospital No
Are you still undergoing medical treatment?	Name of medical facility		No
Are any permanent effects expected?			No
Have you been treated for the same/similar injury before?	Date	Full name of doctor and medical facility	

### Interrupted travel

Enclose original documents: **Doctors certificate, all supporting receipts.**

When/where did the interruption of travel occur?	From date	To date	Place	
What was the reason for the interruption?	Illness or accident Care of travelling companion Trip home due to emergency		Cost of any trip home (amount and currency)	Who paid for the trip home
The total price for travel, paid in advance?	Amount and currency			

### Excess protection

Enclose original documents: **Certificate from home-/motor insurance company.**

When did the damage take place?	Date	Time	Place	
What was damaged?	My permanent home My private car		Registration no.	Excess (Amount and currency)

### Assault

Enclose original documents: **Police report, receipts of costs.**

When and where did the assault take place?	Date	Time	Place	
Any witnesses?	Last name / First name		Telephone (daytime)	No
Who was the perpetrator?	Travel companion Relative Other known	Last name / First name		Unknown
Did you receive any personal injuries?	Describe the injury (more space under "Damage incident")			No
Was a doctor / hospital contacted?	Full name of doctor / Hospital			No



Compensation claim – *mandatory information*

Medical expenses			
Enclose original documents: Receipts for medical expenses.			
Receipt No.	Date	Diagnosis / symptom	Amount and currency

  

Property						
Enclose original documents: Receipts, warranties, photos and other documents that prove value and that you own the object.						
Property / object	Brand / model / no	Compensation claim	Year of purchase	Purchase price	Current retail price for similar object	

Signature – *mandatory information*

<b>Authorization</b>	Yes, I hereby authorise Europ Assistance and/or on behalf of Europ Assistances appointed service provider to obtain information from physicians, hospitals, medical facilities, social insurance offices, the National Social Insurance Board (Försäkringskassan) and other Insurance Companies - information which may be required in order to assess my claims for compensation. This authorisation also includes the right to examine case records and doctor's certificates related to me being ill. I hereby authorise that the above mentioned documents are to be submitted to Europ Assistance and/or on behalf of Europ Assistances appointed service provider, regardless of the rules in the Data Protection Act.	No
I hereby certify that the information supplied in this damage claim form is complete and accurate.		
<b>Place and date</b>		
<b>Signature</b> If under age, signature of guardian		
<b>Print name</b>		

Signature of insurance policy holder (employer's name) – *mandatory information*

With my signature I confirm that the person named in this damage claim form <ul style="list-style-type: none"> <li>• was on a business trip when the damage occurred</li> <li>• was employed by our company when the damage occurred</li> </ul>	Company stamp
<b>Place and date</b>	
<b>Signature</b>	
<b>Print name</b>	Telephone (daytime)

Send the damage claim form to

Send the original damage claim form, certificates and receipts to

**Falck TravelCare Corporate Claims**

**Box 44024**

**SE - 100 73 STOCKHOLM**

**SWEDEN**

Telephone: +46 (0)8 579 379 00