

CLAIM FORM ACCIDENT INSURANCE

CAMPING KEY EUROPE



Claim form to be send to:

TMP-access AB, Solid Skadeavdelning, Sveavägen 159, 113 46 Stockholm, Sweden

Phone: +46 (0)42-450 33 45

1. Personal information:

Name:		Personal code number:
Address:		Phone:
Postal code:	City:	Mobile phone:
E-mail:		

2. Account when reimbursing the claim compensation:

Account holder:	Bank:
SWIFT code:	IBAN number:

3. Event of the damage:

Date of damage:	Where did the damage occur:
Describe how the damage occurred:	
If accident - state kind/diagnosis	
Name of the doctor and/or hospital/medical centre:	
Adress:	Phone:
Which date did you visit the doctor or other medical caregiver:	
Have you reported the claim to another insurance company: If yes, which:	Policy number:
Additional information:	
If you have had any costs related to the accident, state which and enclose receipts in original:	
If you have gone by your own car to a medical caregiver, state the route and distance in kilometer:	

4. Signature and power of attorney:

I hereby ensure that the information I have given is comprehensive and truthful. I even authorize the doctors, hospitals, other medical institutes, insurance establishment (including the social insurance office) to provide information about my health state to Solid Försäkringar that they consider to need in order to judge my claim for compensation. Furthermore I give Solid Försäkringar full right of disposition of any unused tickets in this matter.		
Date:	Signature:	the claim regards a minor, the signature of the legal guardian is needed.