

CLAIM FORM ACCIDENT INSURANCE

CAMPING KEY EUROPE

1. Personal information

Name on the guest:		
Address:		
Postal code:	City:	Country:
Card number:		
Phone.nr:	e-mail:	

2. Account when reimbursing the claim compensation

Account holder:	Bank:
SWIFT code:	IBAN nr:

3. Event of claim

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:		Phone nr:
Address:		
Which date did you visit the doctor or other medical caregiver:		
Have you reported the claim to another insurance company: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Name and address;		Policy nr:
Additional information:		
If you have had any costs related to the accident, state which and enclose receipts in original:		
If you have used your own transportation to a medical caregiver, state the route and distance in kilometer:		

4. Signature

<i>I hereby ensure that the information I have given is comprehensive and truthful. I even authorize the doctor, hospital, other medical institutes, insurance establishment (including the social insurance office) to provide information about my health state to Säkra that they consider to need in order to assess my claim for compensation. Furthermore, I give Säkra full right of disposition of any unused tickets in this matter.</i>	
Date:	Signature: