

Länsförsäkringar Skåne  
 Box 1503  
 351 15 Växjö

**Fill in your personal and contact information**

Insurance no.	Personal ID number
Telephone	
E-mail	
IBAN number/Bank account	SWIFT/BIC code
Account holder	

**Claim incident:**

When and where did the incident take place?	Date	Site of incident
Reason for claim (e.g. fire, theft)		

**Detailed description of the incident** (Please continue on the rear of the form if necessary)


**Claim list** (number receipts/documents and refer to the number in the "Ver. no." column)

Quantity	Item	Purchase year and month	Purchased secondhand or new	Purchase price	Purchase price today	Ver. no.	Compensation to (be completed by the company)

**Always submit along with:**

- Purchase documents
- Proposed cost of repair
- Any police report
- Block certificate in the event of mobile phone loss

**Signature**

Date	Location	Administrator	Telephone
Signature		E-mail	
		@lansforsakringar.se	