Länsförsäkringar Skåne

Insurance Claim Motor Vehicle

Claim number

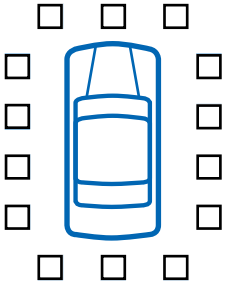
Date of incident (Year-Month-Day)	Time	Place of incident: Street/road and town/village		Were there witnesses? ☐ Yes ☐ No
Where the police present? ☐ Yes ☐ No If yes, which police district?		Results from breath test ☐ Neg ☐ Pos ☐ Non taken	Results from blood tests ☐ Neg ☐ Pos ☐ Non taken	Was there personal injury? ☐ Yes ☐ No

Own Vehicle		Circumstances	Other Party	
Owner's name		1. Was parked/idle	Owner's name	
Personal ID number or Corp. Org. No.		2. Left parking space/ opened door	Personal ID number or Corp. Org. No.	
Address		3. Parked at a pavement/ side of road	Address	
Telephone number		4. Drove out from a parking area, site or similar	Telephone number	
E-mail		5. Drove in to a parking area, site or similar	E-mail	
Is the vehicle used only for commercial traffic? ☐ Yes ☐ No		6. Drove into a roundabout	Is the vehicle used only for commercial traffic? ☐ Yes ☐ No	
Owner liable to pay VAT ☐ Yes ☐ No		7. Drove in a roundabout	Owner liable to pay VAT ☐ Yes ☐ No	
Registration number	Vehicle (make and type)	8. Drove into the rear when driving in the same lane and in the same direction	Registration number	Vehicle (make and type)
Registration number	Trailer (make and type)	9. Drove in the same direction but in another lane	Registration number	Trailer (make and type)
If no Registration number state Insurance number		10. Changed lane	If no Registration number state Insurance number	
		11. Overtook		
Driver's name (if different to the owner, not a company)		12. Turned right	Driver's name (if different to the owner, not a company)	
Personal ID number		13. Turned left	Personal ID number	
Address		14. Reversed	Address	
E-mail		15. Encroached on a roadway reserved for oncoming traffic	E-mail	
Telephone number		16. Came from the right in a crossing	Telephone number	
Foreign driving licence (if yes, enclose a copy) ☐ Yes ☐ No		17. Did not give way according to the road sign/traffic lights	Foreign driving licence ☐ Yes ☐ No	

Sketch map indicating location of accident

Own Vehicle

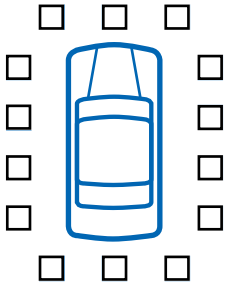
Mark place of collision



Draw the position of the vehicle when the collision happened. Mark sketch with an A for your own vehicle; mark sketch with a B for counterparty. Use arrows to show how the vehicle was driving before the collision and the intended route. Insert street and roads with names, road signs and road markings. For a collision at a roundabout, indicate where the vehicle drove in the roundabout and if there were one or two lanes.

Other Party

Mark place of collision



Visible damage on own vehicle	Visible damage on other partys vehicle

Länsförsäkringar Skåne

Postal address:
Länsförsäkringar Skåne
Box 1503
351 15 Växjö

Telephone number:
+46 (0)42-633 80 00
E-mail:
motor.skane@lansforsakringar.se

Company information:
Corp. ID no.: 543001-0685
www.lansforsakringar.se

Länsförsäkringar Skåne

Important! Describe the course of events to your own insurance company

In your opinion, who caused the collision and why?

Additional information to your own insurance company

Speed of your vehicle at the time of danger? Km/h	Speed of your vehicle at the time of the collision? Km/h	Actual speed limit? Km/h	Approximate distance from your vehicle to the place of collision when the other party was seen? metre
Tyres on the car? ☐ winter ☐ summer	Road conditions? ☐ dry ☐ wet ☐ snow ☐ ice	Distance to the right roadside? m	Width of road m / Number of people in your vehicle No.
Is your vehicle being repaired? ☐ Yes ☐ No	If yes, which garage?	Were salvage services employed? ☐ Yes ☐ No	Vehicle's meter reading?

Personal injury

Name	Personal ID number	Name	Personal ID number
Address		Address	
E-mail		E-mail	
Telephone number	Bank account	Telephone number	Bank account
Injury/complaint?		Injury/complaint?	
Did you see a doctor because of the accident? ☐ Yes ☐ No	Off sick/at home from work because of the accident? ☐ Yes ☐ No	Did you see a doctor because of the accident? ☐ Yes ☐ No	Off sick/at home from work because of the accident? ☐ Yes ☐ No

Witness details

Name	Telephone number	Was witness a passenger? ☐ In same vehicle ☐ Counter-party's vehicle ☐ Other vehicle/place
Address	E-mail	

Material damages, for instance other vehicle, fence, lamppost etc.

Owner's name	Telephone number	E-mail
Address	Type of damage and extent	

Don't forget to sign the form (If you submit the claim through your own e-mail address, this will suffice as a signature)

Driver's signature	Policy holder's signature
Place and Date	Bank account

Your signature gives the insurance company the power of attorney to order additional police reports and other investigations into the case.

Länsförsäkringar Skåne

Postal address:
Länsförsäkringar Skåne
Box 1503
351 15 Växjö

Telephone number:
+46 (0)42-633 80 00
E-mail:
motor.skane@lansforsakringar.se

Company information:
Corp. ID no.: 543001-0685
www.lansforsakringar.se