

Claim number

Länsförsäkringar Skåne

251 88 Helsingborg

## Fill in your personal and contact information

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

## Claim incident

When and where did the claim arise?	Date	Site of claim
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 second-hand or new	Purchase price	Purchase price today	Ver. no.	Compensation (to be completed by the company)

## Always submit along with:

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

## Signature

Date	Location
Signature	

Administrator

Direct telephone

E-mail  
@lansforsakringar.se