

CLAIM FORM TRAVEL INSURANCE

Complete Claim Form, send to:
Global Reseskydd c/o SOLID Försäkringar, Box 22068, 250 22 Helsingborg, Sweden

NB! The form has to be signed at page 2.

1. To be filled out at any type of event:

Policy number:	Claim number:	(to be completed by SOLID)
Name:	Social security no.:	
Address:	Phoneno. daytime:	
Postal code:	Home Town:	Mobile phone:
E-mail (is used primarily when communicating):		

2. If the compensation is to be credited to your bank account, please state the following:

Holder of the account:	Bank:
Sort code:	Account number:

3. The journey is:

<input type="checkbox"/> A business journey	Company:	
<input type="checkbox"/> A private journey	Travel organizer:	
Departure:	Return:	Destination:

4. Other policies:

Have you taken out householders' insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Company:
Have you taken out other valid insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Company:
Have you paid your journey with a charge- or credit card?	<input type="checkbox"/> No <input type="checkbox"/> Yes	What kind of card?
Has the claim been reported to any of the above?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Ref.no.:

5. When did the event/damage/illness/loss occur?

Date:

6. Describe the event/damage/illness/loss in detail:

(a separate report can be added)

7. To be filled out in the event of illness/accident:

What symptoms occasioned medical treatment?	When did the symptoms occur? Date:		
When did the first medical consultation take place? Date:	Provider:		
Hospitalization? <input type="checkbox"/> No <input type="checkbox"/> Yes	From: _____ To: _____	Are you still getting treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you previously suffered from similar symptoms? <input type="checkbox"/> No <input type="checkbox"/> Yes	When?:		
Name/address/tel. to your own doctor:	Is disability to be feared? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Costs due to illness/injury etc. Enclose original receipts and medical certificate.		(A separate report can be added)	
Diagnose	Costs (Doctors fee, medicine etc.)	Amount (Currency)	Payment made? (Yes/No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. To be filled out in the event of loss/damage:

To whom was the event reported?	<input type="checkbox"/> Police <input type="checkbox"/> Transport company <input type="checkbox"/> Airline company <input type="checkbox"/> Other:	Original documenta- tion must be enclosed
Where were the objects when the loss/damage occurred?	<input type="checkbox"/> Car <input type="checkbox"/> Apartment <input type="checkbox"/> Train <input type="checkbox"/> Aeroplane <input type="checkbox"/> Hotell <input type="checkbox"/> Bus <input type="checkbox"/> Other place:	
Had the luggage been checked in/deposited?	<input type="checkbox"/> No <input type="checkbox"/> Yes By whom:	
Was the storage area locked?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Where there signs of a forced entry?	<input type="checkbox"/> No <input type="checkbox"/> Yes Which:	
Lost objects: Enclose original receipts (Besides object brand and model must be stated)		(A separate report can be added)
What have you lost?	Date of purchase:	Purchase price:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. To be filled out in the event of delayed journey/delayed luggage:

When were you supposed to be arriving at the destination?	When did you arrive?
When was the luggage supposed to be arriving at the destination?	When did it arrive?
What costs have you had in relation to the delay: (Original receipts shall be added)	
Type of cost	Amount (Currency)
_____	_____
_____	_____
_____	_____
_____	_____

10. To be filled out at any type of event:

I, the undersigned, solemnly declare that the above information is correct, and authorize the insurance company to obtain medical information about any previous illness or treatment, that may be relevant to the handling of the claim.

Date: _____ Signature: _____
 (If the claim regards a minor, the signature of the legal guardian is required.)

NB! Enclose the following documents as applicable:

- The receipt for payment of the journey/arrangement
- Medical certificate in case of illness/accident
- Itinerary
- Written decision from Householders Insurance
- Police report or other reports that may be relevant
- Original receipt for any cost