

CLAIM REPORT

PROPERTY AND LUGGAGE DAMAGE

Insurance number HELEN-Kodin Palvelusopimus		Accident number (filled in by the insurance company)			
INSURED PARTY	Name			Personal ID number	
	Address		Postcode	Post office	
	Recipient of compensation				
	Phone number		Bank and account number		
TIME AND PLACE OF ACCIDENT	Date		Time		
	Place of accident		Did the accident take place during travelling? <input type="checkbox"/> yes <input type="checkbox"/> no	Travel, started ended -	
DESCRIPTION OF THE ACCIDENT	Precise description of the accident				
DAMAGED/LOST PROPERTY If needed, please attach a separate list of the damaged/lost property including age and purchase price of new corresponding property	Damaged property	Age of property	Purchase price of new corresponding property	Repair costs	Appendix number
The insurance company should be allowed to inspect the damages before repairs commence.					
APPENDICES	<input type="checkbox"/> Repair or purchase receipts (to be attached if the damage has been repaired or replaced) <input type="checkbox"/> Police report (to be attached in case of theft, burglary, malicious damage or other criminal case) <input type="checkbox"/> Travel ticket or other travel certificate (to be attached if compensation is claimed from the luggage insurance) <input type="checkbox"/> Other:				
OTHER NOTES					
SIGNATURE	The insurance company will pass on relevant claims data made to the company to the insurance institutions' centralised computer system. The insurance company will then check the claim against claims made to the other insurance institutions. The data will be used only in connection with claims processing in order to prevent fraudulent claims against the insurance institutions. I verify that the information given in this claim report is correct and I am obliged to inform the insurance company about any recovered property.				
	Place and date		Signature and printed name		