



Claims Form for Travel Insurance

Every claims application must include the following:

1. Booking confirmation, voucher and such documents that specify date of booking and itinerary.
2. Medical Certificate completed and signed by registered and impartial medical doctor, where applicable. Original document only.
3. Receipts for travel arrangements.
4. Police reports and other documentation necessary for assessing claim.

The insured (the invoiced)	Surname		First name	ID-number
	Address			e-mail
	Zip code	Town and country		Telephone

Co-travellers	Surname		First name	ID-number
	Surname		First name	ID-number
	Surname		First name	ID-number

Bank account for claims compensation: SWIFT och IBAN must be filled in when payment is to bank outside Sweden.

Account holder's full name	Bank	Clearing number	SWIFT/Bank nat. ID
Account number/IBAN			

Other insurances

Homeowners' insurance	<input type="checkbox"/> yes	<input type="checkbox"/> no	Insurance company:
Other valid/relevant insurance	<input type="checkbox"/> yes	<input type="checkbox"/> no	Insurance company:
Has the trip been paid with card?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Credit card company:
Bank:	Credit card number:		
Has compensation been received from any of the above? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, from which?			

Claim description

Any additional information may be written on the back of this form or enclosed on a separate sheet.

I hereby declare that all information here provided is complete and truthful. I permit that medical doctors and other health officials, hospitals or other health institutions, the national health insurance office or other insurance establishments / insurance companies, provide Accept with such information, journals, documents of registration, certificates etc as Accept deems necessary for adjustment of this claim.

Town	Date	Signature
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Signature and declaration as above by person other than the insured who has been affected by illness/injury.

Town	Date	Signature
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Please send to: Accept, Box 2068, SE 174 02 Sundbyberg, Sweden