

Claim form - Family Insurance

Please fill out this form if you are reporting a claim regarding Family Insurance (Famíljutrygd)

Name: _____

Address: _____

Postal code and town/city: _____

Telephone: _____

Email: _____

Your bank: _____

Account number: _____

Are you VAT registered?

Yes No

Date on which damage occurred: / 20

What damage has occurred?

How (why) did the damage occur?

Which items have been damaged?

Please describe which items have been damaged, the extent of the damage, whether the items can be repaired as well as the age and value of the items.

Comments

_____ date / 20 _____
Place Signature