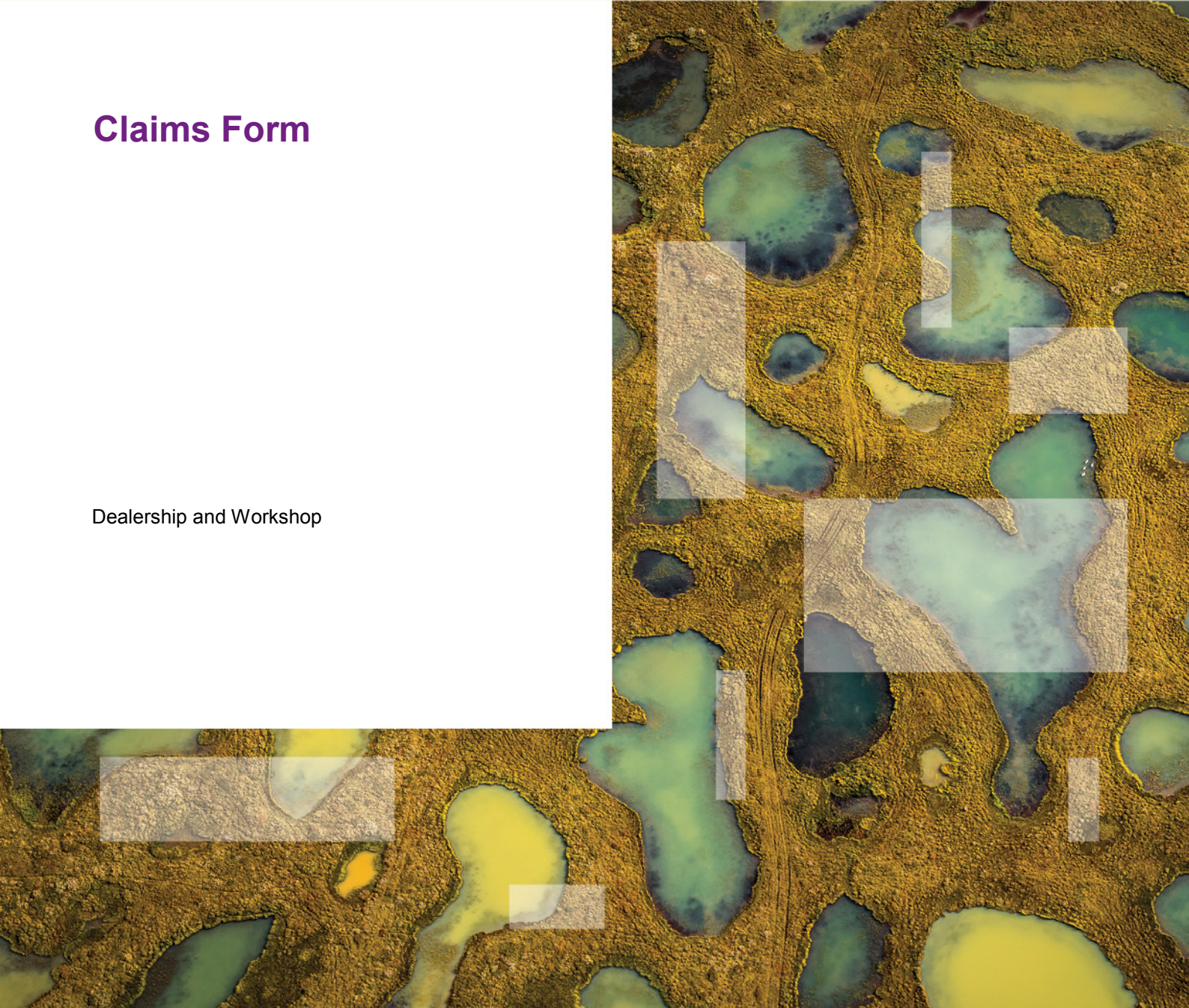


Claims Form

Dealership and Workshop



Please fill in the form clearly in capital letters.

The filled in claims form should be sent via e-mail with the relevant documents attached to your usual contact person at Willis Towers Watson. Your contact person will subsequently file the claim with the insurance company.

1. Policy Holder

Policy Holder / Company Name			
Contact Person	Name	Phone Number	E-mail
Insurance Company			
Policy no.			

2. Damages

Type of damage	Case Details Theft/Vandalism		
Date	Time		
How did the incident occur?			
Was a police report filed?	Yes No	Name of Police Station	Poice Report Number
Describe the damage			

3. Case Details

Customer vehicle	Yes No	For which purpose was the vehicle in your possession?		
Name of owner	Address		Postal Code	Town/City
Does the customer vehicle have motor hull insurance?	Yes No	Has a claim been submitted to the motor hull insurance company?		Yes No
Motor hull insurance company	Claims number			
Description of the incident				
Which parts had to be repaired or replaced?				
Which errors were made during this work?				

4. Theft/Vandalism

Was/were the vehicle(s) in an area that was fenced-in or in other ways confined by a perimeter?	Yes No	Was/were the vehicle(s) in a locked building?	Yes No
Was/were the vehicle(s) locked?	Yes No	Where was/were the key(s) stored?	

5. Damage to Vehicle

Make	Model	Registration No./Chassis No.	Damage Zone(s)

NOTE! THE DAMAGE MUST BE EVALUATED BY AN INSURANCE ASSESSOR FROM TAKSATÖRRINGEN

6. Additional Documentation

Will additional documentation be submitted?	Yes
	No

7. Signature

With my signature, I confirm that the information stated in the claims form are correct, and at the same time transfer my rights to access any police report, which may have been filed, to THE INSURANCE COMPANY.

Date Name in capitals and signature