



**CLAIMS FORM LIABILITY**

**EURO-/WORLDSTUDENT**

Policy Number.....

Insured.....

Address.....

Postal Code..... City.....

Country.....

Telephone..... E-mail .....

E-mail.....

Date and time of incident.....

Place of incident.....

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Describe, in detail, what has happened

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.....  
Date

.....  
City

.....  
Signature

**NB!! Fill in opposite page >>**

Who has been affected, i.e. who is claiming money from you?

Name .....

Address .....

Phone .....

E-mail .....

Bodily injury                       Property damage

What injury/damage has been caused?

Claims cost?

Other information

Is this to be considered as your final claim? No  Yes

Send to:  
Gefvert AB, Danderydsgatan 14, S-114 26 STOCKHOLM, SWEDEN