



CLAIMS FORM

EURO-/WORLDSTUDENT

Policy Number.....

Insured.....

Address.....

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

Country.....

Telephone Home..... Office.....

Date and time of incident.....

Place of incident.....

Describe, in detail, what has happened **NB! Loss and/or damage should be reported soonest.**

.....  
Date

.....  
City

.....  
Signature

**NB!! Fill in overleaf >>**

Please specify your claim  
Please note year of purchase, and if possible, today's price(s)

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

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Send to: Gefvert AB DANDERYDSGATAN 14, 114 26 STOCKHOLM, SWEDEN
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