

# Damage claim

# Business Travel



Claim no.:

## Notification of claim - *mandatory information*

<b>Reason for trip</b>	<input type="checkbox"/> Business travel <input type="checkbox"/> Stationed abroad <input type="checkbox"/> Leisure travel	Insurance policy holder (employer's name)	Insurance policy No.
<b>Destination and dates of travel</b>	Date of departure	Date of return home	Destination (place/country)
<b>Complete if you are stationed abroad</b>	Country where the employee is stationed		

## Employee's personal details - *mandatory information*

Last name	First name	Date of birth (yyyy,mm,dd)
Full address	E-mail address	
	Fax No.	Telephone (daytime)
<b>Notification has been made to</b>	<input type="checkbox"/> Transport carrier <input type="checkbox"/> Police <input type="checkbox"/> Hotel <input type="checkbox"/> No one	
<b>Did you pay for medical treatment?</b>	Amount and currency	<input type="checkbox"/> No
<b>Do you have hemförsäkring (home-owners insurance)?</b>	Insurance company	Policy No. <input type="checkbox"/> No
<b>Has notification been made to any other insurance company?</b>	Insurance company	Claim No. <input type="checkbox"/> No
<b>Compensation should be sent to</b>	Name of bank	Clearing No. Account No.
<b>International payment</b>	IBAN No./BLZ	SWIFT Code
<b>Name of payee, if other than policy holder</b>		

**NB!** Provide information on the injury/damage under a suitable headline. It is important that you write a detailed report on what happened under "damage incident" and that you state your compensation claim

## Delayed baggage / travel

Enclose original documents: **Delay certificate and baggage report (PIR), all supporting receipts.**

<b>Delayed baggage</b>	Where did the delay occur?	Date / Time	Luggage was delivered (Date/Time)	
<b>Delayed travel</b>	Where did the delay occur?	Reason of delay?	Scheduled departure time	Actual time of departure
<b>Missed commencement of journey</b>	Why did you miss the departure?			

## Property (loss of, or damage to)

Enclose original documents: **Police report, all supporting receipts, PIR.**

<b>When and where did the incident occur?</b>	Date and time	Place
<b>Where were you when the incident occurred?</b>		
<b>Where was the object kept?</b>		
<b>Was the property locked in?</b>	Where and how (i.e. hotel room, safety box, suitcase)	Where was the key kept? <input type="checkbox"/> No

## Illness / Accident / Crisis therapy

Enclose original documents: **Doctors certificate, all supporting receipts.**

<b>In case of sickness / accident</b>	Diagnosis / name of the disease	Where did the accident occur?		
<b>When and where was the injury treated?</b>	Date	Full name of doctor and medical facility		
<b>Were you hospitalized?</b>	From date	To date	Name of hospital	<input type="checkbox"/> No
<b>Are you still undergoing medical treatment?</b>	Name of medical facility			<input type="checkbox"/> No
<b>Are any permanent effects expected?</b>				<input type="checkbox"/> No
<b>Have you been treated for the same/similar injury before?</b>	Date	Full name of doctor and medical facility		

## Interrupted travel

Enclose original documents: **Doctors certificate, all supporting receipts.**

<b>When/where did the interruption of travel occur?</b>	From date	To date	Place	
<b>What was the reason for the interruption?</b>	<input type="checkbox"/> Illness or accident <input type="checkbox"/> Care of travelling companion <input type="checkbox"/> Trip home due to emergency		Cost of any trip home (amount and currency)	Who payed the trip home
<b>Total price for travel, payed in advance?</b>	Amount and currency			

## Excess protection

Enclose original documents: **Certificate from home-/vehicle insurance company.**

<b>When did the damage take place?</b>	Date	Time	Place	
<b>What was damaged?</b>	<input type="checkbox"/> My permanent home <input type="checkbox"/> My private car		Registration no.	Excess (Amount and currency)

## Assault

Enclose original documents: **Police report, receipts of costs.**

<b>When and where did the assault take place?</b>	Date	Time	Place	
<b>Any witnesses?</b>	Last name / First name		Telephone (daytime)	<input type="checkbox"/> No
<b>Who was the perpetrator?</b>	<input type="checkbox"/> Travel companion <input type="checkbox"/> Relative <input type="checkbox"/> Other	Last name / First name		<input type="checkbox"/> Unknown
<b>Did you receive any personal injuries?</b>	Describe the injury (more space under "Damage incident")			<input type="checkbox"/> No
<b>Was a doctor / hospital contacted?</b>	Full name of doctor / Hospital			<input type="checkbox"/> No

## Legal expenses

Enclose original documents: **Receipts of costs.**

<b>When and where did the event take place that is the cause of the dispute</b>	Date	Time	Place
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## Compensation claim - *mandatory information*

Medical expenses			
Enclose original documents: Receipts for medical expenses.			
Receipt No.	Date	Diagnosis / symptom	Amount and currency

  

Property						
Enclose original documents: Receipts, warranties, photos and other documents that prove value and your ownership of the object.						
Property / object	Brand / model / no	Compensation claim	Year of purchase	Purchase price	Current retail price for similar object	

## Signature - *mandatory information*

<b>Authorization</b>	<input type="checkbox"/> Yes, I hereby authorize Viator to obtain information from physicians, hospitals, medical facilities, social insurance offices, the National Social Insurance Board (Försäkringskassan) and other Insurance Companies - information which may be required in order to assess my claims for compensation. This authorization also includes the right to examine case records and doctor's certificates related to me being placed on the sick-list. I hereby authorize that the above mentioned documents are to be submitted to Viator, regardless of the rules in the Official Secrets Act.	<input type="checkbox"/> No
I hereby certify that the information supplied in this damage claim form is complete and accurate.		
<b>Place and date</b>		
<b>Signature</b> If under age, signature of guardian		
<b>Print name</b>		

## Signature of insurance policy holder (employer's name) - *mandatory information*

With my signature I assure that the person named in this damage claim form <ul style="list-style-type: none"> <li>• was on a business trip when the damage occurred</li> <li>• was employed at our company when the damage occurred</li> </ul>	Company stamp
<b>Place and date</b>	
<b>Signature</b>	
<b>Print name</b>	Telephone (daytime)

## Send the damage claim form to

Send the original damage claim form, certificates and receipts to

**VIATOR**

**SE - 106 82 STOCKHOLM**

**SWEDEN**

Telephone: +46 (0)8 429 59 90

Claim adjustment are processed through Europ Assistance on the assignment of Viator.

SKA/TJ/E 06:01