



Notification of claim shall be sent to:
 ACE European Group
 P&C Claims
 Vestergade 2 a
 1456 København
 Email: nordic.claims@acegroup.com

NOTIFICATION OF CLAIM

Policy number	Date of occurrence (YY, MM, DD)	Ref. nr. (To be filled in by ACE Europe)
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Policy holder

Company name	Organisation number
Postal address	Postcode and place
Contact person	Telephone number
Mobile phone	E-mail
Bank account number incl. clearing	Bank giro or Plus giro

Injured Party

Name	Social security number
Postal address	Postcode and place
Contact person	Telephone number
Mobile phone	E-mail
Bank account number incl. clearing	Bank giro or Plus giro
Registered for VAT	

Describe the loss

When did the loss occur? (YY, MM, DD, time)
Where did the loss occur? (Address and Place)
Description of the nature, occurrence and sequence of events of the loss?

(Continue on the next page)

Other information

Has this been reported to the police? (If yes, please attached the police report)	Has any investigation been made by the fire brigade?
Were there any witnesses of the event? (Name, address, telephone number)	
Who do you consider to be liable for the claim?	
Has the injured party contributed to the loss?	

Property damage

What type of property has been damaged?	Is the property rented/leased?
What does the loss consist of?	
Is the property insured with another company?	If yes, state the company

Bodily injury

What bodily injury occurred?	
Did the injury occur during the course of employment?	Did the injury occur on the way to or from work?
The claimant's employer and the employers telephone number?	

If we find that you are liable to pay damages, do you then accept that we settle with the other party and that you pay your deductible?

Liability for damages shall under no circumstances be admitted before the company has given its consent. If a summon is received on account of loss, ACE Europe shall be informed immediately.

Signature

I herewith certify that the above information is correct, and I am aware of its importance in the case of any legal action.	
City and Date	Signature
Company	Clarification of Signature