

#### Actions in case of damage

- Try to limit/reduce the damage/loss.
- Take pictures showing the extent and cause of damage.
- In case of theft, report immediately to the police.
- In case of visible transport damage, make remarks on the waybill and forward a formal written claim to the freight forwarder.
- In case of suspected severe damage, contact Länsförsäkringar AB immediately.

#### The Exhibition

Name of the exhibition	Date	Exhibition case number
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#### The Insured

Company	Company registration number	Insurance number <b>4028978</b>
Address	Post/Zip code	
Contact person	Telephone	Fax
E-mail address	Is there any other applicable insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes" please state company name and policy/claim number.		

#### The Transport

Date of departure	From	Date of arrival	To
Name of the carrier			
<input type="checkbox"/> Own car <input type="checkbox"/> Other carrier			
Was the damage visible upon delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were remarks made on the waybill? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has a formal claim been filed against the freight forwarder? <input type="checkbox"/> Yes <input type="checkbox"/> No	

#### The Exhibition

Did the damage occur during assembling? <input type="checkbox"/> Yes <input type="checkbox"/> No	During ongoing exhibition? <input type="checkbox"/> Yes <input type="checkbox"/> No	During dismantling? <input type="checkbox"/> Yes <input type="checkbox"/> No
By own staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name <input type="checkbox"/> Third party	

#### Nature of loss/damage

Date of incident	Place of incident
Give a short description of the incident and the cause of damage	

## Damaged item

Type of goods		Type of damage (and estimated costs of repair)	
Loss/theft <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of purchase	Price (exclusive VAT and discount)	

## Enclose

- Invoice showing payment of the insurance premium.
- Original sales invoice (alternative manufacturing costs)
- Police report in case of theft.
- Waybill and copy of formal claim to the freight forwarder in case of damage during transport.

## Payment

Compensation to be paid to:	Bank details
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## Other information

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## Signature

The information above is to my knowledge complete and correct		
Date/Place	Signature	Name in prints

**Claim form to be sent to:**

marineclaims@lansforsakringar.se

**Länsförsäkringar AB**

Marine claims

106 50 Stockholm, Sweden

E-mail: marineclaims@lansforsakringar.se

Fax: +46 8 670 48 32

**For any questions, please contact:**

Länsförsäkringar AB, Marine claims

Telephone: +46 8 588 400 00

E-mail: marineclaims@lansforsakringar.se