

PROPERTY CLAIM NOTIFICATION FORM

Policy Details	Insured	Policy number
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Incident Details	Date and time of loss	Place of loss, address
	When was the damage noticed; date and time?	Who noticed the loss?
	Contact person on the scene	Phone and fax number, e-mail address
	When was the insured informed about the loss?	Cause for the loss?
	A Description of the incident (a drawing or pictures can be attached, when necessary)	
	<input type="checkbox"/> Continued on the attachment	
	Was the damage surveyed?	Time of survey?
	Were police notified of the incident?	Are there eyewitnesses?
Was police investigation conducted?		

Claimant Details	Name	Contact person in the company	
	Address	Zip code	City, Province
	Telephone	Fax	E-mail address
	Claimed amount, or an estimate of the value of the loss		Account number

Notified by	Name		
	Address	Zip code	City, Province
	Telephone	Fax	E-mail address
	Signature		Date and place

Attachments	<input type="checkbox"/> Copies of invoices	<input type="checkbox"/> Photos, drawings
	<input type="checkbox"/> Police reports	<input type="checkbox"/> Other; what? _____

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