

Claim form - motor vehicle

Send to
Trygg-Hansa
Box 293
901 07 Umeå



When did the accident occur? Enter date + time.		Where did the accident occur? Enter country, county, city, street, street number, etc.	
Witnesses - Name, address and phone number (underline passengers in vehicle A or B)			
Were the police at the scene? <input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", please state from which police station	Was a blood sample taken from the driver? If "Yes", enter the results. <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Was a breathalyser test performed on the driver? If "Yes", enter the results. <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Was your vehicle towed away? <input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", enter the name, address and phone number of the towing company		
Is the vehicle at a workshop? <input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", enter the name, address and phone number of the workshop		

VEHICLE A Policy holder

Name	
Address	
Postcode <input type="text"/>	City/Country
Mobile no. and email	

VEHICLE B Policy holder

Name	
Address	
Postcode <input type="text"/>	City/Country
Mobile no. and email	

About the vehicle

Registration number
Make and model

Trailer (if relevant)

Registration number
Country of registration

About the vehicle

Registration number
Make and model

Trailer (if relevant)

Registration number
Country of registration

Insurance company

Name of company Trygg-Hansa
Policy number

Insurance company

Name of company
Policy number

Driver

Name	
Personal ID number (YYYYMMDD-NNNN) <input type="text"/>	
Address	
Driving licence category (A,B, ...)	Driving licence valid until

Driver

Name	
Personal ID number (YYYYMMDD-NNNN) <input type="text"/>	
Address	
Driving licence category (A, B, ...)	Driving licence valid until

Additional information about the accident

Estimated speed of your vehicle prior to the accident km/h	Estimated speed of your vehicle at impact km/h	Applicable road speed limit km/h	Light conditions <input type="checkbox"/> Daylight <input type="checkbox"/> Twilight <input type="checkbox"/> Dark
What lights were being used on your vehicle? <input type="checkbox"/> Main beam <input type="checkbox"/> Dipped beam <input type="checkbox"/> Daytime running lights <input type="checkbox"/> Parking lights <input type="checkbox"/> Off	Street lighting <input type="checkbox"/> Lit <input type="checkbox"/> Off <input type="checkbox"/> Not present	Road conditions (e.g. wet, dry, snow, ice)	Road width m
Approximate distance to the point of collision when you first noticed the other vehicle?	Measured distance to the right edge of the road at the point of collision	Were the traffic lights working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of persons, including the driver, in your vehicle?	Mileage at the time of the accident	Did the accident occur during a race?	

