

Please send the completed claim report to:

balticfinance A/S
Lagergade 11, 2.,
1799 København V.
Danmark

Please complete this report as soon as possible.

Please write in block letters and attach all relevant documents, so that a delay regarding claims processing is avoided.

E-mail: ansvarsskade@balticfinance.com

Section A - General Information about the company

1 Name:	<input type="text"/>		
2 Company:	<input type="text"/>		
3 Address:	<input type="text"/>		
4 CVR:	<input type="text"/>	5 Phone number:	<input type="text"/>
6 Policy number:	<input type="text"/>	7 E-mail:	<input type="text"/>
8 Contact person:	<input type="text"/>		

Section B - Generel information om skaden

1 Date of injury:	<input type="text"/>	2 Time of injury:	<input type="text"/>
3 Place of damage/address:	<input type="text"/>		
4 Has there been damage to person? <i>See section C</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	5 Has there been damage to property? <i>See section D</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the injury occur while practicing your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 What work did you have to do at the scene of the accident?	<input type="text"/>		
8 Description of the incident: (detailed description of how the damage occurred)			
<input type="text"/>			

9 Who do you think is responsible for the injury (justify this)

10 Could the damage have been prevented? ☐ Yes ☐ No

11 If there is another party responsible for the damage? ☐ Yes ☐ No

*If Yes, give name/
address/phone
number.*



Name:

Address:

Phone number:

12 Who should we pay compensation to?

13 Are there any witnesses to the incident? ☐ Yes ☐ No

*If yes, provide
names and contact
details of witnesses*



14 Is there any other documentation? (e.g. emails, reports, etc.) ☐ Yes ☐ No

15 Has a police report been taken? Please attach this. ☐ Yes ☐ No

Section C - Personal injury - Information about the injured party:

1 Is the injured party employed by you? ☐ Yes ☐ No

If yes, answer the following



1a What work the injured party did for you?

1b What was the cause of the injury?

1c What experience did the injured party have with the work?

1d Did the injury occur while working at heights? ☐ Yes ☐ No (if yes, specify height)

1e If the injured party was not employed by you, please state what the cause of the injury was?

2 Were you performing work at the site of the injury? ☐ Yes ☐ No

3 Do you believe you are responsible for the injury (give reasons) ☐ Yes ☐ No

4 Has the injured party made a claim for compensation against you (attach the claim)? ☐ Yes ☐ No

5 Are there any witnesses to the incident? ☐ Yes ☐ No

If yes, provide
names and contact
details of witnesses:



6 Is there any other documentation? (e.g. email, photos, etc.) ☐ Yes ☐ No

7 Has the injured party reported it to their accident insurance? ☐ Yes ☐ No

If yes, specify com-
pany and policy



Company:

Policy:

Section D - For property damage - the extent of the damage

1 What is damaged? (save the object until we have decided on the liability and claim)

2 What work did you have to do at the site of the damage?

3 Carefully describe how the damage occurred?

4 Do you believe you are responsible for the damage (give reasons)? ☐ Yes ☐ No

5 Is there another party responsible for the damage? ☐ Yes ☐ No

If Yes, give name/
address/phone
number.



Name:

Address:

Phone number:

6 Did you undertake to install, repair, assemble or otherwise treat or process the damaged item? ☐ Yes ☐ No ☐ I don't know

7 Did you have the damaged item in your custody or possession for loan, hire, storage, transport or for any other reason? ☐ Yes ☐ No ☐ I don't know

4 Has the injured party made a claim for damages against you? ☐ Yes ☐ No

If yes, attach the claim, state when the claim was made and whether you have any comments on the size of the claim

Date:

Comments:

5 To whom should we pay compensation, if any?

! Section E - Signature

Signature: