Claim for indemnification of personal injury



Name of the person submitting the claim (IN CAPITAL LETTERS)	Personal ID code
Name of the injured party	Personal ID code
E-mail address	Telephone
Place of employment	Position
Name of the family physician of the injured party	Date of the traffic accident
Address of the family physician of the injured party	
Pursuant to section 28 of the Motor Third Party Liability Insurance Act the types of personal injury a	re the following (mark the type of injury with a cross):
Expenses for treating physical damages (MTPLIA section 31 (2) 1))	
Expenses for acquiring medicaments (MTPLIA section 31 (2) 2))	
Expenses on transportation made for visiting medical institutions related to the treatment (MTPLIA se	ection 31 (2) 3))
Non-patrimonial damage related to the traffic accident i.e. pain and suffering (MTPLIA section 33 and dated 31.05.2004)	Regulation No 69 by the Minister of Social Affairs
Damages arising from temporary incapacity for work (MTPLIA section 29)	
Damages arising from permanent incapacity for work (MTPLIA section 30)	
Funeral expenses (MTPLIA section 1(1))	
Compensation for decrease or loss of support for dependant (MTPLIA section 32 (1) 2))	
Hereby I consent that the data submitted regarding the loss event (including delicate personal data) be chall state and local municipality institutions and other persons. I am aware that knowingly submitting incorsubmitting incorrect data I shall be obliged to compensate to the insurer the handling expenses and insura	rrect data to the insurer is punishable and that upon
Please, compensate the damages caused in the traffic accident in the sum:	
Please, compensate the damages caused in the traffic accident in the sum: Name of the owner of the account (IN CAPITAL LETTERS)	A/c /Bank
	A/c /Bank Signature
Name of the owner of the account (IN CAPITAL LETTERS) Date	
Name of the owner of the account (IN CAPITAL LETTERS)	Signature
Name of the owner of the account (IN CAPITAL LETTERS) Date VISITED MEDICAL INSTITUTIONS, STATE OF HEALTH	Signature
Name of the owner of the account (IN CAPITAL LETTERS) Date VISITED MEDICAL INSTITUTIONS, STATE OF HEALTH	Signature
Name of the owner of the account (IN CAPITAL LETTERS) Date VISITED MEDICAL INSTITUTIONS, STATE OF HEALTH Medical institutions where the injured person has treated himself/herself during the past two	Signature
Name of the owner of the account (IN CAPITAL LETTERS) Date VISITED MEDICAL INSTITUTIONS, STATE OF HEALTH Medical institutions where the injured person has treated himself/herself during the past two Names of the medical institutions visited in relation to the traffic accident	Signature
Name of the owner of the account (IN CAPITAL LETTERS) Date VISITED MEDICAL INSTITUTIONS, STATE OF HEALTH Medical institutions where the injured person has treated himself/herself during the past two	Signature
Name of the owner of the account (IN CAPITAL LETTERS) Date VISITED MEDICAL INSTITUTIONS, STATE OF HEALTH Medical institutions where the injured person has treated himself/herself during the past two Names of the medical institutions visited in relation to the traffic accident Chronic diseases and permanent health disorders of the injured party	years
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If P&C Insurance AS

Claims Handling

COMMERCIAL REGISTER CODE: 10100168

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