Damages Claim

General information

Name	Personal/Corporate ID number
Address	Telephone number, daytime (preferably mobile)
Town and postcode	E-mail

I wish to be contacted via: E-mail Letter	I am: Leaseholder Customer, private Customer, business

Information about the loss/injury:

What has been damaged? Personal (movable) property Building Road Land Other: ……	Address/property where the loss/injury occurred
	Property designation
	Subscription/contract no. (see invoice)
	When did the loss/injury occur?

Has the loss/injury been reported, or will it be reported, to an insurance company

Yes
No

*If **YES**, please provide a copy of the report and any decision from the insurance company.*

Describe what happened

Extra space is available on the next page.

Requested action

Postadress
JÄMTKRAFT AB
Box 394
831 25 Östersund

Besöksadress
JÄMTKRAFT AB
Kyrkgatan 21

Telefon
063-14 90 00 (vxl)
Telefax
063-10 64 41

E-post
info@jamtkraft.se
Webbplats
http://www.jamtkraft.se

Organisationsnummer
556001-6064

Claim for compensation

Businesses and others who provide a VAT return, please state compensation claim excl. VAT

Total	

List of damaged property

Append receipts, photos, etc., that can prove your ownership and the object's value.

Object	Manufacturer, model no.	Year of purchase	Price for new purchase	Repair costs	Claim
				Total	

Is the above claim for compensation excl. VAT?	Yes	No	**Total**	

Any compensation is to be paid to

Bank	Account no. (incl. clearing no.)

Signature

I hereby certify that all the information in this claim is correct

Town/city	Date	Signature

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