

1. Personal information

Name		Social security number/date of birth/	
Address			
Postal code	City	Country	
Phone.no		Mobile.no	
e-mail		Card.no	

2. Account when reimbursing the claim compensation

Account holder	Bank
SWIFT code	IBAN.no

3. Event of claim

Date of damage	Where did the damage occur
Name of the campsite	Address to the campsite
Did the incident occur within the campsite area or during an activity organised by the campsite?	
Contact details to the campsite	
Describe how the damage occurred	

If accident – state kind /diagnosis	
Name of the doctor and / or hospital/medical centre	Phone.no
Address	
Which date did you visit the doctor or other medical caregiver	
Is the incident reported to another insurance company? If yes, which?	Policy.no
Other relevant insurance that could cover the damage? If yes, which?	Policy.no
Additional information	
If you have had any costs related to the accident, state which and enclose receipts in original	
If you have used your own transportation to a medical caregiver, state the route and distance in kilometer	

4. Signature

<i>I hereby ensure that the information I have given is comprehensive and truthful. I even authorise the doctor, hospital, other medical institutes, insurance establishment (including the social insurance office) to provide information about my health state to balticfinance that they consider to need in order to assess my claim for compensation.</i>	
Date	Signature

2026-01-01