

NOTIFICATION OF INSURANCE LOSS ASSOCIATED WITH CREDIT CARD PURCHASE

To speed up settlement, please enclose the following documents: **1. Purchase voucher 2. Credit Card statement** or other purchase document confirming the means of payment of the Insured object. **3. Estimation of repairing expenses**.

FILL IN ALL SECTIONS					
Data on insurance	I apply for compensation from Nordea PurchaseProtection Insurance (policy number 2001195337) I apply for purchase made with my:				
	Nordea Debit	Nordea Credit	Nordea Gold	Nordea Pla	tinum
Claimant's personal data	Name Personal identity number				
	Street address		Postal code	Cit	у
	E-mail address	Telephone number			
	Bank and account number	The owner of the account, if not claimant's			
Data on purchased product	The date of the purchase	The purchased product (brand, name of the model- and/or number)			
	The price of the purchase	The seller of the purchase (the name of the store and address)			
Data on loss event	PurchaseProtection Insurance claim: Date of loss Estimation of repairing expenses				
	Please attache the purchase receipt, and the receipt of reparation expenses or the authorized repair shops estimation of reparation expenses to the claim form.				
	Short description of the loss event				
	Claim amount	€		continues on a separa d in another compan	ate attachment y regarding this loss?
Signature	Yes, which company: No By providing your Personal Information to AIG in connection with your claim, you consent to the collection and processing (including the use and disclosure) of your Personal Information as described in this Privacy Policy available at www.aig.com/ fiprivacy-policy or upon request. In particular you consent to the transfer of your Personal Information internationally. To the extent that you have provided (or will provide) Personal Information to AIG about any other individual, you certify that you have provided information to the individual about the content of this Privacy Policy and you are authorized to disclose his or her Personal Information to AIG as detailed in the Privacy Policy.				
	I declare that the information given in this notification is true and correct. For the purpose of this claim, I authorize the company to acquire whatever clarifications it may deem necessary from doctors, the Social Insurance Institution and any other establishments or persons processing information about me and my state of health.				
	Place and date		Claimant's sigr	ature	
Insurance company	AIG Europe Limited (Finland Kasarmikatu 44	Branch)	Customer serv Fax: +370 5 23	ice: +370 5 2363 416	3
	FIN-00130 HELSINKI			E-mail: aig@transcom.lt	