

Fine Art Claims Form



Policy holder:		Date
		Policy number
Client contact information	Name	
	Telephone daytime	
	Mobile	
	E-mail	
Insurance agent information	Name	AGS Forsikring / Therese Mundheim
	Telephone daytime	40202116
	Mobile	
	E-mail	therese@agsforsikring.no

Cause of loss

Artist	
Title of object	
Value of the object	
Artist living	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of loss	
Location of loss	
Distinguishing features / Previous repairs (Kjennetegn / tidligere reparasjoner)	
Describe Event, Loss and damage (Beskriv tid, sted og årsak)	

Payment information

Name of account holder	
Account number	
Name of bank	
Address of bank	
IBAN number	
BIC / Swift	

Claims form submitted by	
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Please return the claims form / attachments to

AGS Forsikring AS
Henrik Ibsens gate 90, 0255 Oslo

or:
therese@agsforsikring.no