Claim notification

Payment Protection Insurance

Information about your insurance with us

Which bank do you have your credit with? _____

What credit does your claim apply to? _____

Loan agreement number _____ Policy number _____

Information about your credit

What is your monthly payment for the credit that the insurance refers to? _____

Currency _____ Outstanding Debt/Balance _____

Information about you as an claimant

Name _____

Social security number _____

Postal address (address, zip code, city, country)

_____

Phone Number _____ Email address _____

Consent

I agree to the processing of personal data ☐

Zurich processes your personal data in accordance with the General Data Protection Regulation. This means that we protect your personal privacy. A prerequisite for being able to process your claim is that we process personal data about you.

In cases where you have provided information about other people than yourself, we assume that you also provide this information to them. Should you be unable to do so, you must notify us of these circumstances and provide us with their full contact details. More information about how we process personal data and the data subjects' rights regarding personal data processing can be found at (www.nordic.zurich.com/personuppgifter).

If you are not able to read or download the information, please feel free to contact us using the contact details you find at the end of this claim form and we will send the information to you.

I give power of attorney to collect data ☐

Information about your claim for compensation

Involuntary unemployment

Were you permanently employed when you received notice? ☐ Yes ☐ No

On what date did you receive notice of your resignation? _____

What date did you become unemployed? _____

Who terminated the employment? Tick below

☐ The employer

☐ Lack of work (dismissal from the employer) ☐ Reorganization/downsizing ☐ Bankruptcy/business ceased

☐ Dismissal (personal reasons)

Was the dismissal related to work-related reasons? ☐ Yes ☐ No

☐ Self-termination

What is the reason for your resignation?

_____

_____

☐ Fixed-term employment expired

☐ Fixed-term employment that has expired ☐ Seasonal work completed

Information about your form of employment

Name of your employer _____

What date did you start your employment? _____

What does your form of employment look like?

☐ Permanent employee (full-time)

☐ Permanent employee (part-time), specify number of hours/week _____

☐ Temporary employee (part-time), specify number of hours/week _____

Are you registered with A-kassa? ☐ Yes ☐ No

Temporary illness

What date did you go on sick leave? _____

When were you diagnosed? (date) _____

Are you still on sick leave ☐ Yes ☐ No

To what extent are you on sick leave? ☐ 25% ☐ 50% ☐ 75% ☐ 100%

Have you been symptom-free/able to work before the period? ☐ Yes ☐ No

"Have you had symptoms, problems or received medical advice for this disease before the date you specify as the first day of illness? ☐ Yes ☐ No
(Symptoms include, for example, pain, investigation, doctor's visit or treatment related to the current disease).

If yes, briefly describe what symptoms or problems you have had in the past and when these occurred.

Information about your form of employment

Name of your employer

What date did you start your employment?

What date did you start your employment?

☐ Permanent employee (full-time)

☐ Permanent employee (part-time), specify number of hours/week

☐ Temporary employee (part-time), specify number of hours/week

Gross salary

Critical illness

What disease have you been suffering from?

☐ Cancer
☐ Myocardial infarction
☐ Stroke
☐ Coronary bypass surgery
☐ Kidney failure
☐ Organ transplantation
☐ Multiple sclerosis
☐ Motor neuron disease (e.g. ALS)
☐ Other disease
☐ Benign brain tumor
☐ Paralysis
☐ Blindness
☐ Deafness
☐ Heart vault disease
☐ Severe burn
☐ Terminal illness

What date was the diagnosis for this disease made?

What was your employment/form of employment like when the incident occurred?

☐ Permanent employee (full-time)
☐ Permanent employee (part-time)
☐ Temporary employee
☐ Self-employed
☐ Unemployed
☐ Student
☐ Retired / not working

Hospitalization

First day of hospitalization _____ Last day of hospitalization _____

What was your employment/form of employment like when the incident occurred?

- ☐ Permanent employee (full-time)
- ☐ Permanent employee (part-time)
- ☐ Temporary employee
- ☐ Self-employed
- ☐ Unemployed
- ☐ Student
- ☐ Retired / not working

Care of a close relative

From what date were you granted care of a close relative? _____

What was your employment/form of employment like when the incident occurred?

- ☐ Permanent employee (full-time)
- ☐ Permanent employee (part-time)
- ☐ Temporary employee
- ☐ Self-employed
- ☐ Unemployed
- ☐ Student
- ☐ Retired / not working

Death

What date did the death occur? _____

Who are you reporting the death?

☐ Benificiary ☐ Family member ☐ Bank ☐ Other

Briefly describe what happened (based on the information above)

Describe what happened, how it affected your ability to work and any contact with employers/healthcare

Attach files

- In order to be able to handle your case faster, please attach the relevant certificates listed below
- Employment contract from employer
- Notice of termination
- Sickness certificate from the Swedish Social Insurance Agency
- Death certificate
- Certificate from A-kassa
- Hospital medical certificate in the event of hospitalisation
- Medical records
- Medical certificate
- Employer's certificate

Signature

Town/City _____ Date _____

Signature _____

Clarification of signature _____

Send the claim notification with attachments to nordic.ppi@zurich.com.

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ZURICH