

Party causing the loss/insured party	Name (last name first)		Personal identity code	
	Address		Postcode	Town/City
	Email address		Telephone (preferably mobile)	
	Golf club			
Injured party	Name (last name first)		<u>Personal identity code</u>	
	Address		Postcode	Town/City
	Email address		Telephone (preferably mobile)	
Bank details	Recipient of compensation (name)			
	IBAN		BIC	
Loss event	Date and time of loss		Place of loss (name of the golf course)	
	Date and time of discovery of loss		Name and telephone of person who discovered the loss (incl. area code) 8.00-16.00	
	Detailed report of loss event (include drawing or attachment if necessary)			
	Cause of loss			
Compensation liability	Does the insured party consider that they are liable to pay compensation?			
	<input type="checkbox"/> No, grounds			
	<input type="checkbox"/> Yes, grounds			
If Pohjola considers that the insured party is liable for compensation, may the compensation be paid under the policy?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Left to be decided by Pohjola Insurance				
Material damage	Damaged property		Age of property in years	Replacement value, euros
				Amount of claim, euros
Liability damage to a vehicle	Vehicle registration number	Make and model	Owner	
Personal injury	We request the injured party to fill in a separate liability loss claim.			
Signature	I hereby confirm that the information I have provided in this loss report is true and correct. If Pohjola Insurance pays compensation for the loss under the policy, I agree to pay the deductible as the party causing the loss. Date			
	Signature of liable/insured party and name in print/block letters		Signature of the representative of the golf club where the accident took place and name in print/block letters	
			Contact information	
Instructions	Send your loss report including enclosures to the following address Pohjola Insurance Ltd/Corporate Claims, PB box 222, FI-00013 OP, Finland			
Deductible	The deductible of the party responsible for the damage for each loss event is EUR 200. If the party responsible for the damage uses the general liability insurance, they are obliged to pay the deductible. If the party responsible for the damage remains unknown, the loss report must indicate who is responsible for the deductible.			
	Name			