

## Report

<b>Company:</b> <input type="checkbox"/> Agria Djurförsäkring, foreign branch. <input type="checkbox"/> Agria Pet Insurance
Describe the suspected breach in as much detail as possible:
When did the breach that you are reporting occur?
For how long has it been ongoing?
Who are/have been involved?
How did you receive information about the breach?
Is there any documentation or other evidence of the breach? <input type="checkbox"/> Yes <input type="checkbox"/> No    Please specify:
Is there any other information that could be significant for the investigation? Yes <input type="checkbox"/> No

### Contact details for the reporting person (leave blank if you want to be anonymous)

Name:	E-mail:
Phone, work:	Phone, private:

**You send the form by mail to the following address:**

Länsförsäkringar AB Compliance  
Att: My Schnitzer  
Tegeluddsvägen 11–13  
106 50 Stockholm