

Recall – Questionnaire

Gjensidige Försäkring
 Swedish branch to
 Gjensidige Forsikring ASA
 Org. No:
 516407-0384

General information

Name of Company:

If more than one company please attach one questionnaire per company

Product information:

Type of product:	Annual Sales	Sold To (area/country)
1)		
2)		
3)		
4)		
5)		

Distribution system

Does the company have an external distribution system?
If yes; Please describe in detail the distribution system.

Outside suppliers

What percentages of your products are made of outside suppliers?
Please describe:
Do your outside suppliers have recall policies:
If yes, please describe;

Customers/Contractual parties

Do you have any contracts which recommend any recall cover?
If yes, please attach

New products

Do you currently plan to introduce or manufacture new products within the next year
If yes; Please describe as above.

Quality control measures

Quality control

Do you have implemented measures for quality control with a view to avoiding claims and recalls?
If yes; describe in detail the actual measures and include the actual assurance plans.

Contracts

Do you have special contracts or delivery terms?
If yes; Please describe and include the actual contracts

Batching or product records

Do you presently maintain batch or product records, serial numbers or copies of guarantee cards which would facilitate tracing the whereabouts of products being recalled?
If yes; Please provide a detailed explanation specifically indicating how long such records are retained
If no; How long can you trace your products once they have left your care, custody or control?
How long has the actual batching or product record system been in effect?

Recall plan

Does the company have a recall plan?
If yes; Please describe a detailed explanation and provide a copy:
How long has the actual recall plan been in effect?

Recall system

Do you currently have in place a method to readily convert your sales or distribution system to facilitate the recall of your products?
If yes; please provide a detailed explanation

Claims

Former recalls:

Have any of your products ever been recalled or withdrawn?	
If yes, please supply the following details:	
1) Name of the product involved:	2) Specific reasons for the recall:
3) Date of recall:	4) Means used to recall product:

Former claims:

Have any of your sold products ever caused claims?		
If yes; please describe in detail and attach at least the following information:		
Date:	Product:	Reason for claim:
Claim:	Damage:	Cost:

Actual claims

Are you or any of your employees aware of any facts or situation which might give rise to a claim?
If yes; Please provide a detailed explanation.

Signature

Name	Title	Place	Date
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