



KAMMARKOLLEGIET

Insurance Claim

Student IN and Student OUT

This is how you fill in the form electronically

You can fill in this form electronically, but we need your signature so you have to print the form and send it to us by mail. To obtain a faster decision from us make sure you fill in the form correctly and sign it. Please note that the form has to be printed on white paper.

Swedish University	Department/Equivalent	<input type="checkbox"/> Student IN
		<input type="checkbox"/> Student OUT
Surname and first name		Personal ID no. (year, month, day, no.)
Address		Post code and town
Postal address in home country/abroad		Telephone home/mobile (including Swedish area code)
Post code, town and country		Telephone abroad/mobile
E-mail address		Period of stay 20 - 20

Payment method – Swedish account

<input type="checkbox"/> Bank account	Bank's name	Clearing number	Account number
<input type="checkbox"/> PlusGiro:	<input type="checkbox"/> Bankgiro:		

Payment method – Foreign account

IBAN number/Bank account:	
SWIFT:	Bank code (e.g. BLZ, SORTCODE):
Bank's name and address:	

Unless otherwise stated above, the compensation will be paid through a postal check.

The university's/authority's confirmation (Claims are returned if confirmation, copy of the agreement or policy confirmation is missing)

<input type="checkbox"/> It is hereby confirmed that the claim relates to a person covered by Student IN/Group. A copy of the agreement concerning exchange or reception as per paragraph 1.1 is enclosed separately.		
<input type="checkbox"/> It is hereby confirmed that the claim relates to a person covered by Student OUT/Group. A copy of the agreement concerning exchange or reception as per paragraph 1.1 is enclosed separately.		
<input type="checkbox"/> The claim relates to a person covered by a individual insurance policy. A copy of the policy confirmation is enclosed. No claims adjustment can take place prior to a copy of the policy confirmation and agreement have been received.		
Signature		Authority and department
Name in print		Position
Telephone	Fax	E-mail
<input type="checkbox"/> The costs have been paid in advance by the authority		
Compensation shall therefore be paid to the authority's PlusGiro/Bankgiro account:		Reference

www.kammarkollegiet.se/forsakringar



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Insurance
Claim

Incident details

Date of the incident	Time	Place of the incident	Country
Type of claim <input type="checkbox"/> Accident (include doctor's note) / Assault (police report) <input type="checkbox"/> Enduring problems (e.g. pain, restricted movement/scarring) <input type="checkbox"/> Healthcare and dental cover <input type="checkbox"/> EU card presented <input type="checkbox"/> Repatriation <input type="checkbox"/> Visits from relatives <input type="checkbox"/> Property cover		<input type="checkbox"/> Luggage delay (Student OUT) <input type="checkbox"/> Cash claim assistance (Student OUT) <input type="checkbox"/> Crisis and disaster cover (Student OUT) <input type="checkbox"/> Liability cover <input type="checkbox"/> Legal expenses cover	

Has help been obtained from Falck Global Assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes Case no.:
<input type="checkbox"/> Healthcare facilities visited:
<input type="checkbox"/> Admitted to hospital for the following days: I have insurance with another company: <input type="checkbox"/> Yes <input type="checkbox"/> No Yes, company's name:
Has the claim been reported to the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has compensation been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide a detailed description of what occurred/the need for care:
<input type="checkbox"/> Continued on another sheet

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Compensation claim (medical care, medicines, dental care, etc.)

List of costs that the insured person is claiming compensation for. Receipts must be included.

Cost	Cause	Compensation claim in SEK
<input type="checkbox"/> Continued on another sheet		Sum SEK

List of property that the insured person is claiming compensation for

Include original receipts and, in the event of luggage delay, a confirmation from the transport company

Property	Make, model	Purchase date	Purchased new or used	Place of purchase	Purchase price
<input type="checkbox"/> Continued on another sheet				Sum SEK	

Insured person's signature

I hereby certify that the information in this insurance claim is true. I have read the information about GSR in Appendix 1.

Place and date	Signature and name in print

Claims registration

The company uses an industry wide register of insurance claims, the "GSR". This GSR contains certain information regarding losses and the party who requested compensation, and is used exclusively for adjusting claims. Accordingly, the company can see if you previously claimed a loss with another insurance company or a governmental agency which handles similar claims for compensation. The purpose of the GSR is to provide insurance companies and governmental agencies that deal with similar compensation claims a basis for identifying questionable insured losses and compensation claims. In this way, companies and governmental agencies may avoid making payments based on incorrect or false information or multiple payments under several insurance policies for the same loss. The information can also be used in anonymised form for statistical purposes.

The personal data controller for the GSR is Skadeanmälningsregister (GSR) AB, Box 24171, 104 51 Stockholm. Go to www.gsr.se for further information regarding the processing of data which appears in the register.