



For faster processing, it is important that the form is accurately filled in and personally signed. You can fill in this form electronically, but it must be submitted with a signature, which means that the form must be printed out, signed, and then sent to Kammarkollegiet's postal address, 651 80 Karlstad or by e-mail to forsakring@kammarkollegiet.se

Personal details

Given name and surname		Swedish Personal ID number (YYMMDD-NNNN)	
Postal delivery address		Postal code and city	
Telephone number		E-mail address	
The claim for compensation relates to:			
Swedish State Business Travel Insurance		Travel Insurance	Days off/annual leave days in connection with a trip on official business travel
Accompanying family members of:			

Fill in only one claim form per person.

Details of the bank account – Account in Sweden

Fill in the bank account number to which the payment is requested to be made. If you do not fill in something here, the reimbursement will be disbursed by a postal check.

Clearing number		Account number	
State bank name and city		Account holder	

Details of the bank account – Account outside Sweden

Fill in the bank account number to which the payment is requested to be made. If you do not fill in something here, the reimbursement will be disbursed by a postal check.

IBAN number/Bank account number		SWIFT (BIC)	
Bank code (e.g. BLZ, SORT CODE)		The name and address of the bank	

Date of injury

Year, Mon, Day

The authority's certification

Authority	
It is hereby certified that:	
the injury/loss occurred during an official business travel on behalf of the authority	claim for compensation relates to a person covered by the Travel
the injury/loss occurred during annual leave days in connection with a official business travel on behalf of the authority	claim for compensation relating to an accompanying family member to a person covered by the Travel
Signature	Position
Printed name	Telephone number
E-mail address	

Information about the injury/loss

Type of injury or illness	Date	Site of injury
Type of injury/loss Disability and death benefits Visits by family members Disruption cover Assault cover Medical care and dental care cover Home transport cover	EU card presented	Property cover Baggage Delay Crisis and disaster cover Cash assistance Liability cover Legal expenses cover Motor deductible protection
Describe in detail what occurred		
Has a claim for reimbursement for the injury/illness or loss been filed with another insurance company? Yes No	If yes, which insurance company?	
Has this part of the body previously been subjected to an injury or illness? Yes No	If yes, when?	Where did you receive treatment/medical care for this injury or illness?
Have you been in contact with Falck Global Assistance? Yes No	File no.:	

Claim for compensation and reimbursement of costs

Fill in information about the costs you are requesting reimbursement for. The costs incurred must be substantiated with documentation/receipts.

Type of cost	Appendix no.	Amount in SEK	Amount in foreign currency
Total			

List of property for which you are claiming reimbursement

In the event of loss, the police report and purchase documents are attached. In the event of damage, the repair receipt is to be attached.

Item	Make/manufacture, model designation	Owner of the object	Year of purchase	Cost of replacement articles	Claim for reimburse- ment of costs in SEK

Other information

Insured person's signature

All the information in this application is provided in good faith. I have read and reviewed the information on the GSR contained in the information appendix.

City and date	Signature
	Printed name

In the Information Attachment on the next page, you can find out more what applies in your case with your injury.



KAMMARKOLLEGIET

Information Appendix

If you would like more detailing information about the contents of the Terms and Conditions of Insurance, we suggest you read the information available on our website kammarkollegiet.se

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. Accordingly, the company can see if you previously claimed a loss with another insurance company, an occupational pension company, or a governmental agency which handles similar claims for compensation. The purpose of the GSR is to provide insurance companies, occupational pension 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 de-identified or pseudonymised form for statistical purposes and analyses on an aggregate level.

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.

The Kammarkollegiet's collecting and processing of personal data in claim for compensation cases

In connection with the processing of your claim for compensation your personal data will be collected and processed.

When we assume the risks of other public authorities in financial terms and their liability for claims, we need to process personal data as part of our work with the settlement of claim for compensation for an injury/loss. The data is processed because it is necessary to perform tasks of a public interest or as an element of our exercise of public authority.

Since we are a central government public authority and are subject to the principle of public access to information, public records/official documents containing personal data may be disclosed if they are not subject to restrictions due to confidentiality.

You have the right to receive information about what personal data we process relating to you and to obtain a transcript of the data containing information about the processing, referred to as a "register extract."

The personal data we process must be correct and accurate. If we process your personal data incorrectly, you have the right to request that the data be corrected and incomplete data supplemented. You also have the right to request deletion of personal data and/or a restriction on the processing. A public authority's ability to accommodate such a request is limited due to that public authorities are obligated to comply with regulations and provisions concerning public records/official documents and archiving.

For more information about how we process personal data, please visit our website kammarkollegiet.se

If you as a data subject desire to exercise your rights or if you have any questions relating to our collecting and processing of your personal data, please contact the public authority's Data Protection Officer.

Contact information for the Data Protection Officer:

Kammarkollegiet
GDPR
Box 2218
103 15 Stockholm

GDPR@kammarkollegiet.se

Telephone: 08-700 08 00