


KAMMARKOLLEGIET

Claim form

Personal injury insurance for university students in Sweden
 Personal injury insurance for higher vocational education (HVE) students in Sweden

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	

Details of the bank account

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	

The university/education coordinators certification

Higher education institution/Education Coordinator	Student	Doctoral student	Higher Vocational Education (HVE)	Term
It is hereby certified that the claim form relates to a person who is admitted to and pursues higher education studies, or higher vocational education.				
Does the student participate in an internship Yes No				
<input type="checkbox"/> It is hereby certified that the claim form relates to a person who is admitted to and conducts studies leading to a doctoral degree.				
<input type="checkbox"/> Furthermore, it is certified (if possible) that the injury occurred during school hours or during direct travel between their place of residence and at the place where the school time is spent. "School hours" means all times on the schools' premises and sites, except when the person is present as a result of a leisure time activity arranged by any party other than the school, plus all time during which the student participates in activities under the auspices of the school.				
Signature		Position		
Printed name		Telephone number		
E-mail address				

Certification from the Internship/degree project work/education/training site

I hereby certify or attest to that the incident/injury occurred as described in this form. If necessary, provide additional comments on a separate attachment.	
I cannot certify or attest to that the incident/injury occurred as described in this form. If necessary, provide additional comments on a separate attachment.	
Signature	Internship/education/training site
Printed name	Position
Telephone number	City and date
E-mail address	

Information about the injury

Type of injury/loss	Date injury occurred	Date	Site of injury
The injury occurred during School time or internship hours <input type="checkbox"/> Other time <input type="checkbox"/> Travel between the home and school or site of internship			
Did you travel the nearest road between your home and the school or site of the internship? Yes <input type="checkbox"/> No		If no, explain the reason for the deviation or hiatus.	
Describe in detail what occurred			
Have you been on sick leave for this injury or illness? Yes <input type="checkbox"/> No		If yes, from _____ until _____	
Has a claim for reimbursement for this injury/loss been filed with another insurance company? Yes <input type="checkbox"/> No		If yes, which insurance company?	
Has this part of the body previously been subjected to an injury? Yes <input type="checkbox"/> No		If yes, when?	Where did you receive medical treatment for this injury?

To be answered if a motor vehicle was involved in the accident/incident.

Type of vehicle (e.g. car, truck, motorcycle)	Vehicle registration plate number	Has notification of the injury/damage been made to the insurer of the motor vehicle? Yes <input type="checkbox"/> No	If yes, state which company?
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Information about the providers of medical care

Where did you seek medical treatment? (write here the name of the health care provider, along with the department and address)

Claim for compensation and reimbursement of expenses

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

Type of cost	Amount

Loss of earnings

Have you incurred a loss of earnings due to of this injury?	Yes	No	The actual loss of earnings must be substantiated by an attestation from your employer and a certificate from the Swedish Social Insurance Agency.	Amount
If yes, has a claim for compensation been made to the Swedish Social Insurance Agency/CSN?	Yes	No	It is important to make a notification of illness to both the Swedish Social Insurance Agency and CSN.	
Employer				
Contact person at the employer			Telephone number	
E-mail address				

Other information

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Signature of injured party

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.



Information Appendix

What compensation can be provided?

Expenses

You can receive compensation for necessary, reasonable, and injured additional costs that are not reimbursed by others. For medical care and treatment, as well as medicines, reimbursement is provided for costs covered by the high-cost protection.

We may compensate certain property that has been damaged in connection with personal injury. Deductions are made for age and use.

Pain and suffering

You can receive compensation for pain and suffering during the acute treatment and healing period. The acute illness period may be considered to have ended even though you are still on sick leave.

Loss of earnings

In some cases, compensation may be paid for loss of earnings. During sick leave, we pay compensation for the difference between the salary you would have earned if the injury had not occurred, up to an income base of 7.5 price basic amounts per year, and the compensation you receive from the Swedish Social Insurance Agency and/or your employer. For our calculations, we need a certificate from the Swedish Social Insurance Agency and from your employer. You may keep the student study support for the time you are on sick leave and cannot study if you make a notification of illness to both the Swedish Social Insurance Agency and the Swedish Board of Student Finance (CSN).

Medical disability and change of physical appearance

If due to the injury you suffer permanent discomfort or experience a change in your appearance, such as scars, we can assess your right to compensation. An examination of such a claim can be made at the earliest 18 months after the date of injury or the last surgery or concluded treatment.

Dental injury

If you have suffered a dental injury, you may be reimbursed for dental treatment costs incurred as a result of an accident.

In the case of a dental injury, compensation may be paid for the loss of a tooth if the injury resulted in the loss of your own healthy tooth or if it was damaged in such a way that it had to be replaced with a dental bridge or a crown.

Demise

In the event of a personal injury resulting in death, compensation may be paid for funeral expenses, loss of maintenance and special bereavement allowances.

Other information

Traffic accident

If you have suffered an injury as a result of an accident involving a motor vehicle, this must be dealt with and settled by the insurer of the motor vehicle.

National Claims Adjustment Board

The National Claims Adjustment Board hears and reviews claims for compensation for personal injury. A review by the Board is mandatory in cases of medical disability of 10 percent or more. In the event we do



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not reach an agreement, you also have the possibility to have the matter examined in the National Claims Adjustment Board.

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 could 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.

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 the 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