


**KAMMARKOLLEGIET**

## Claim Application Form

### Swedish State Business Travel Insurance

#### How to fill in the form electronically

This form can be filled in electronically. However, we need your signature so the form must be printed out, signed and sent to Kammarkollegiet by post. In order for us to be able to make a decision more quickly, it is important that the form is correctly completed and signed. Note that the form must be printed on white paper. **N.B! Write legibly when filling in the form.**

#### Employer

Authority	Organisation number
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#### Claimant details

Name of the insured person	Personal ID No. of the insured person (year, month, day, no)
Address	Postal code and town/city
E-mail address	Mobile telephone number

#### Damage details

Date and time when the damage occurred	Place/town where the damage occurred
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#### Type of journey

<input type="checkbox"/> Business travel <input type="checkbox"/> Journey covered by individual travel insurance (enclose confirmation of insurance)
<input type="checkbox"/> Accompanying traveller related to:
<input type="checkbox"/> Holiday in conjunction with a business trip

#### Payment Information

Payments should be made to: Bank in Sweden	Clearing No.	Account No.
Foreign bank	Swift code (BIC)	IBAN code

#### The authority's certification (N.B: The claim form will be returned if certification is missing)

It is hereby certified that the damage/costs incurred during: <ul style="list-style-type: none"> <li><input type="checkbox"/> A business travel on behalf of the Authority</li> <li><input type="checkbox"/> A holiday taken in conjunction with business trip</li> <li><input type="checkbox"/> Relate to a person covered by individual travel insurance. Confirmation of insurance is enclosed</li> <li><input type="checkbox"/> Relate to an accompanying relative to the insured traveller</li> </ul>	
Signature	Authority and department
Name in block letters	Position
Telephone	E-mail address

[www.kammarkollegiet.se/forsakringar](http://www.kammarkollegiet.se/forsakringar)

**Describe in detail what happened**

Continue on a different page

Did you contact Falck Global Assistance?

- Yes, in what way?  
 No

I have also reported the damage to another insurance company. Name of the company:

I have received reimbursement from another insurance company and I am, therefore, only claiming compensation for the deductible(enclose a copy of the insurance company's decision):

**Costs/expenses incurred for emergency health/dental care, delayed baggage, etc.**

Enclose original receipts and, in the case of delayed luggage, certificate from the transport company

Type of cost incurred	Verification appendix	Claim for compensation in local currency	Claim for compensation in SEK
Continue on a different page		Total:	Total:

**N.B! You must sign the form on the next page!**

[www.kammarkollegiet.se/forsakringar](http://www.kammarkollegiet.se/forsakringar)



## 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](http://www.gsr.se) for further information regarding the processing of data which appears in the register.