



KAMMARKOLLEGIET

Claim form

URA - Insurance for personnel stationed abroad
Please complete the form in block capitals

This is how you fill in the form electronically

You can fill in this form electronically. However, 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 please make sure you fill in the form correctly and sign it. Please note that the form has to be printed on white paper.

Employer

Authority	Organisation no.
Department	

Policy holder information

Policy holder's surname and first name	The claim regard's <input type="checkbox"/> Policy holder <input type="checkbox"/> Accompanying adult <input type="checkbox"/> Accompanying child
Policy holder's personal ID number (personnummer)	If the application concerns the accompanying, enter name and personal ID no.
Address	Mobile telephone
Postal code and city	E-mail

Claim information

Date and time of incident	Location
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Payment information

Name of bank	Clearing number	Account number
Foreign bank	Swift code (BIC)	IBAN code or ABA RTN

The authority's confirmation

<input type="checkbox"/> It is hereby certified that the claim/costs arose at a time when the insured was covered by the insurance policy. A copy of the insurance confirmation must be attached to the claim if it relates to an individual insurance	
Signature	Authority
Name printed	Position
Telephone	E-mail

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.