KAM22007

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

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 occured

Type of journey

- ☐ Business travel ☐ Journey covered by individual travel insurance (enclose confirmation of insurance)
- ☐ Accompanying traveller related to:
- ☐ 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:

- ☐ A business travel on behalf of the Authority
- ☐ A holiday taken in conjunction with business trip
- ☐ Relate to a person covered by individual travel insurance. Confirmation of insurance is enclosed
- ☐ Relate to an accompanying relative to the insured traveller

Signature	Authority and department
Name in block letters	Position
Telephone	E-mail address

www.kammarkollegiet.se/forsakringar

Kammarkollegiet
SE-651 80

Telephone
+46(0)54-22 12 00

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!

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Damage to/loss of private property

In the event of loss, enclose a copy of the police report and purchase documents. In the event of damage, enclose the receipt for repairs.					
Item	Make, model No.	Owner of the item	Year of purchase/acquisition	Cost of replacement	Claim for compensation in SEK
Continue on a different page				Total SEK	

Signature of the insured claimant

I hereby certify that the information contained in this claim is truthful and correct.	
Place and date	Signature of the insured claimant, and name clearly printed

The claim, including certification by the authority, shall be sent to: Kammarkollegiet, SE-651 80 Karlstad

Kammarkollegiet
SE-651 80

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