

# 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	Postal code and city				
Telephone number	E-mail address					
Details of the bank account Fill in the bank account number to which the will be disbursed by a postal check.	payment is requested to be m	nade. If you do not	fill in something here, the re	imbursement		
Clearing number	Account number					
State bank name and city		Account holder				
The university/education coordi	nators certification	,				
Higher education institution/Education Coor	dinator Student	Doctoral student	Higher Vocational Education (HVE)	Term		
Does the student participate in an internsl  It is hereby certified that the claim form reference, it is certified (if possible) the where the school time is spent. "School he time activity arranged by any party other	elates to a person who is admitte at the injury occurred during sch ours" means all times on the sch	ool hours or during ools' premises and s	direct travel between their place ites, except when the person is	e of residence and at the place present as a result of a leisure		
Signature		Position				
Printed name		Telephone num	ber			
E-mail address						
Certification from the Internshi	p/degree project worl	k/education/t	raining site			
I hereby certify or attest to that the incide						
Signature	mymy occurred as acsenbed	Internship/educat		into on a separate attachment.		
Printed name		Position				
Telephone number		City and date				
E-mail address						

The injury occurred during School time or internship hours Other time 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?  Wes No  Have you been on sick leave for this injury or illness? Yes No  Have you been on sick leave for this injury or illness? Yes No  Has a claim for reimbursement for this injury/loss been filed with another insurance company?  Yes No  Has this part of the body previously been subjected to an injury? Yes No  Yes No  Where did you receive medical treatment for this injury? Yes No  Where did you receive medical treatment for this injury? Yes No  To be answered if a motor vehicle was involved in the accident/incident.	Information about the	injury					
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$\cdot$	motorcycle)	number			=:		
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where did you seek medical treatment? (write here the name of the health care provider, along with the department and address)		•					
	where did you seek medical tre	atment? (write nere the name o	f the health ca	ire provider, along with th	e 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				A	Amount	
Loss of earnings						
Have you incurred a loss of earnings d	ue to		The actual loss of earning	gs must be substantia	ted by an	Amount
of this injury?			attestation from your er	nployer and a certificat	te from	, anount
	Yes	No	the Swedish Social Insur	ance Agency.		
If yes, has a claim for compensation			It is impossed to smaller			- Conside
been made to the Swedish Social			It is important to make Social Insurance Agency	a notification of filles:	s to both the	e Swedish
Insurance Agency/CSN?	Yes	No	Social insurance Agency	and CSN.		
Employer						
Contact person at the employer				Telephone number		
E-mail address						
Other information						
<u> </u>						
c						
Signature of injured party						
All the information in this application i	is provided ir	n good fa	ith. I have read and reviev	ed the information on	the GSR	
contained in the information appendix		_				
City and date		Sign	ature			
•			•			
		Print	ted name			

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



Save this attachment

# **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



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. 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 <a href="https://www.gsr.se">www.gsr.se</a>. 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