



KAMMARKOLLEGIET

Claim Form

Erasmus Mundus Insurance

**This is how you fill in the form electronically.**

You can fill in this form electronically, but we need your signature so you have to print the form and send it to us by mail. To accelerate the decision from Kammarkollegiet (The Legal, Financial and Administrative Services Agency), make sure you fill in and sign the form correctly. Please note that the form has to be printed on white paper.

Erasmus mundus programme:	
Hosting university/Hosting country	Faculty/Department
Coordinating university in Sweden	
Surname and first name	Date of birth (day, month, year)
Postal address in hosting country	Postal code and place in hosting country
Postal address in home country	Postal code and place in home country
Telephone residence/work/mobile (including dialing code) in hosting country	Telephone in home country
E-mail	Fax in hosting country
	Fax in home country

**Manner of payment**

Payment should be made to*:			
Bank account	Clearing no.	Account no	State the bank and place
IBAN:			
SWIFT:			
*Unless otherwise stated, the compensation will be paid through postal check.			

Date of damage or incident	Time	Place of damage or incident
I am claiming compensation for: (Describe in detail in the space provided below and on the reverse side)		
Accident (doctor's certificate must be attached)		Cause:
Medical care provider I visited (Name, address, country)		
Hospitalised during the following days		

**The insurance policy's terms and conditions are available at [www.kammarkollegiet.se/insurance](http://www.kammarkollegiet.se/insurance).  
Don't forget to check that everything is correctly filled in.**

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

Permanent invalidity (e.g. pain, restriction in movement)

Medical and Dental care, All costs must be verified by original receipt (e.g. medical treatment, home transport)

Liability cover

Theft and loss of documents

Visit by relatives

Disruption cover

Report to another insurance company, if yes which:

Describe the event in detail and state specifically what you were doing. (State the name, address, and telephone no. of any witnesses)

**List of costs for which the insured claims compensation. Receipts must be enclosed.**

	Cause	Claim for compensation in local currency
Continued on another sheet		Total in local currency:

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## List of property for which the insured claims compensation

The insurance applies to identification documents and travel tickets

Object	Make, model no.	Date of purchase/ year of acquisition	Purchased new or used	Place of purchase	Claim for compensation in local currency
				Total in local currency	

## The signature of the scholarship holder

It is hereby affirmed that the information set forth in this claim is true and correct.	
Place and date	Signature

## To be filled in by the University

### University's certification (No claims adjustment can take place before we have received the certification)

It is hereby certified that the claim relates to a person covered by Group insurance for Erasmus Mundus	
Signature of Erasmus Mundus coordinator	University
Name in print	Position
Telephone	E-mail
The above-stated costs have been paid in advance by the authority.	
Thus, compensation shall be paid to the authority's PlusGiro account no. (IBAN SWIFT)	
In conjunction therewith, our reference must be stated:	
Grant agreement no:	

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Don't forget to check that everything is correctly filled in.**

**The claim is to be sent together with the Authority's certification to: Kammarkollegiet, 651 80 Karlstad**