



KAMMARKOLLEGIET

Insurance Claim
Swedish State Group Insurance and Personal Insurance - GIF

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 make sure you fill in the form correctly and sign it. Please note that the form has to be printed on white paper.

Course organiser/Authority	Insurance number:
Surname and first name	Personal ID no. (year, month, day, no.)
Address	Post code and place
Postal address in home country/abroad	Telephone home/mobile (including Swedish area code)
Post code, town and country	Telephone abroad/mobile
E-mail address	Period of stay

Payment method – Swedish account

Bank account	Bank's name	Clearing number	Account number
PlusGiro:		Bankgiro:	

Payment method – Foreign account

IBAN number/Bank account:	
SWIFT:	Bank code (e.g. BLZ, SORTCODE):
Bank's name and address:	

Unless otherwise stated above, the compensation will be paid through a postal check.

The authority's confirmation

It is hereby confirmed that the claim relates to a person who is insured by Kammarkollegiet. No claims adjustment can take place prior to us receiving a copy of the confirmation.		
Signature		Authority/Course organiser
Name in print		Position
Telephone	Fax	E-mail
The costs have been paid in advance by the authority		
Compensation shall therefore be paid to the authority's PlusGiro/Bankgiro account:		Reference:

<http://www.kammarkollegiet.se/forsakringar>

Incident details

Date of the incident	Time	Place of the incident	Country
Type of claim		Property cover (applies only in Sweden)	
Accident (incl. doctor's note)		Liability cover	
Emergency medical or dental care (incl. receipts)		Legal expenses cover	
Repatriation			

Healthcare facilities visited:	
Admitted to the hospital for the following days:	
I have insurance with another company:	Yes, company's name:
Yes No	
Is the claim reported there?	Has compensation been obtained?
Yes No	Yes No
Provide a detailed description of what occurred/the need for care:	
Continued on another sheet	

<http://www.kammarkollegiet.se/forsakringar>

Compensation claim (medical care, medicines, dental care, etc.)

Cost	Cause	Compensation claim in SEK
Continued on another sheet		Sum SEK

List of property that the insured person is claiming compensation for

Include original receipts

Property	Make, model	Purchase date	Purchased new or used	Place of purchase	Purchase price
Continued on another sheet				Sum SEK	

Insured person's signature

I hereby confirm that the information in this insurance claim is true. I also consent to Kammarkollegiet reviewing the relevant medical journals.	
Place and date	Signature in name and print _____

Send your insurance claim to Kammarkollegiet within three years of the date of the incident.

The claim is sent together with the authority's confirmation to: Kammarkollegiet, 651 80 Karlstad

<http://www.kammarkollegiet.se/forsakringar>