



KAMMARKOLLEGIET

Claim Form

Swedish State Business Travel 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.

Authority	Organisation no.
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Surname and first name		Personal ID no. (year, month, day, no.)
Address		Postal code and place
E-mail		Telephone work (including dialling code)
Telephone residence (including dialling code)	Mobile no.	Homecountry

Type of travel

Business travel	Individual travel insurance (enclose insurance cover note)
Accompanying family member to:	

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	Time
Place of damage	Country
Damage to, or loss of, personal property Delayed luggage during outward travel Damage on a private car used on a business trip (deductible) Journey home due to relatives disease or death Other damage	Disability and death benefits Assault Emergency medical- or dental care costs Home transport costs Visits by non-accompanying family member

Do not forget to complete the form on next page!

www.kammarkollegiet.se/insurance

Have you been in contact with Falk TravelCare?	
No	Yes, (in what way?)
I have reported the damages to another insurance company. Company name	
I have been reimbursed from another insurance company and claim compensation for the deductible SEK (enclosed a copy of the decision taken by the insurance company)	
Description of the damage and the course of events.	Enclosure
	Yes

In connection with accidents or emergency medical care and dental care, you must state the reason for the care.

List of property for which the insured claims compensation

Enclose receipts, warranty certificates, photographs, or other documents which assist you in proving ownership and value.

Object	Make, model no.	Year of purchase/year of acquisition	Purchased new or used	Place of purchase	Claim for compensation in SEK
Continued on another sheet				Total SEK	

Do not forget to complete the form on next page!

