

Claim form

Student OUT

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 city | | | Country of birth (Citizen of) | |
| Telephone number | | E-mail address | | | |
| Details of the bank account - Acc | | ade If you d | o not fill in | a comething here | |
| the reimbursement will be disbursed by a postal | | ade. II you d | o not mi m | i something here, | |
| Clearing number Account number | | | | | |
| Bank code (e.g. BLZ, SORT CODE) | | Account holder | | | |
| Details of the bank account - According to the pank account number to which the pathe reimbursement will be disbursed by a postal | yment is requested to be ma | | o not fill in | something here, | |
| IBAN number/Bank account number | | SWIFT (BIC) | | | |
| Bank code (e.g. BLZ, SORT CODE) | | The name and address of the bank | | | |
| Date of injury | | Period o | of studie | es abroad | |
| Year, Mon, Day | | From | From Until | | |
| The university/education coordina | | | | | |
| Higher education institution/Education Coordir | nator | | | | |
| It is hereby certified that the claim form refers | to a person covered by the i | nsurance St | udent OUT | with incurancenumber: | |
| Signature | | Position | | | |
| Printed name | | Telephone number | | | |
| E-mail address | | | | | |
| The cost has been paid by the authority. | | | | | |
| The reimbursment shall therefore be paid to the authority's Plusgiro or Bankgiro | | | Reference | | |
| | | | | | |

Information about the injury Type of injury/loss Date Site of injury Type of injury/loss Interruption cover Personal injury cover Connection cover Property cover Medical care EU card presented Baggage Delay cover Dental care cover Has a claim for reimbursement of dental costs previously been filed with Cash assistance Kammarkollegiet? Yes If yes, when? Crisis and disaster cover Home transport cover Liability cover Visits by family members Legal expenses cover Describe in detail what occurred If yes, from Have you been on sick leave for until this injury or illness? Yes No If yes, which insurance company? Has a claim for reimbursement for the injury/loss been filed with another insurance company? No Has this part of the body previously been subjected to an injury? If yes, when? Where did you receive medical treatment for this injury? No Have you been in contact with Falck Global Assistance? Yes No File no.: Claim for compensation and reimbursement of costs Fill in information about the costs/expenses you are requesting compensation for. The expenses incurred must be substantiated with documentation/receipts. Type of cost Amount in foreign currency Amount in SEK Appendix no.

Total

List of property for which you are claiming reimbursement.

In the event of loss, the police report and purchase documents are attached. In the event of damage, the repair receipt is to be attached.

| Item | Make/manufacture, model designation | Owner of the object | Year of purchase | Cost of replacement articles | Claim of reimburse- ment of costs in SEK |
|------|-------------------------------------|---------------------|------------------|------------------------------|---|
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Loss of earnings

| Have you incurred a loss of earnings due to this accident? The actual loss of earnings must be substantiated by an attestation from your employer and a certificate from | Amount | | | |
|--|--------|--|--|--|
| Yes No the Swedish Social Insurance Agency. | | | | |
| Employer | | | | |
| | | | | |
| Contact person at the employer Telephone number | | | | |
| | | | | |
| E-mail address | | | | |
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| Other information | | |
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| | | |
| Insured person's signature | | |
| All the information in this application is provided contained in the information appendix. | in good faith. I have read and reviewed the information on the GSR | |
| City and date | Signature | |
| | Printed name | |
| | | |
| | | |
| | | |
| In the Information Attachment on the | e 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?

Costs

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. In the event of loss of earnings, we provide 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.

For our calculations, we need a certificate from the Swedish Social Insurance Agency and from your employer. You may keep the student aid for the time you are on sick leave and cannot study if you call in sick to 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 ccupational 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 www.gsr.se. 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