



KAMMARKOLLEGIET

## Insurance Claim

Student IN and Student OUT

**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 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.

|                                       |                       |   |
|---------------------------------------|-----------------------|---|
| Swedish University                    | Department/Equivalent | <input type="checkbox"/> Student IN                 |
|                                       |                       | <input type="checkbox"/> Student OUT                |
| Surname and first name                |                       | Personal ID no. (year, month, day, no.)             |
| Address                               |                       | Post code and town                                  |
| 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<br><b>20</b> - <b>20</b>             |

**Payment method – Swedish account**

|                                       |                                    |                 |                |
|---------------------------------------|------------------------------------|-----------------|----------------|
| <input type="checkbox"/> Bank account | Bank's name                        | Clearing number | Account number |
| <input type="checkbox"/> PlusGiro:    | <input type="checkbox"/> 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 university's/authority's confirmation** (Claims are returned if confirmation, copy of the agreement or policy confirmation is missing)

|  |     |                          |
|--|-----|--------------------------|
| <input type="checkbox"/> It is hereby confirmed that the claim relates to a person covered by Student IN/Group. A copy of the agreement concerning exchange or reception as per paragraph 1.1 is enclosed separately.  |     |                          |
| <input type="checkbox"/> It is hereby confirmed that the claim relates to a person covered by Student OUT/Group. A copy of the agreement concerning exchange or reception as per paragraph 1.1 is enclosed separately.   |     |                          |
| <input type="checkbox"/> The claim relates to a person covered by a individual insurance policy. A copy of the policy confirmation is enclosed. No claims adjustment can take place prior to a copy of the policy confirmation and agreement have been received. |     |                          |
| Signature  |     | Authority and department |
| Name in print  |     | Position                 |
| Telephone  | Fax | E-mail                   |
| <input type="checkbox"/> The costs have been paid in advance by the authority  |     |                          |
| Compensation shall therefore be paid to the authority's PlusGiro/Bankgiro account:   |     | Reference                |

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



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

List of costs that the insured person is claiming compensation for. Receipts must be included.

| Cost  | Cause | Compensation claim in SEK |
|---|-------|---------------------------|
|   |       |                           |
|   |       |                           |
|   |       |                           |
|   |       |                           |
|   |       |                           |
|   |       |                           |
|   |       |                           |
| <input type="checkbox"/> Continued on another sheet |       | Sum SEK                   |

### List of property that the insured person is claiming compensation for

Include original receipts and, in the event of luggage delay, a confirmation from the transport company

| Property  | Make, model | Purchase date | Purchased new or used | Place of purchase | Purchase price |
|---|-------------|---------------|-----------------------|-------------------|----------------|
|   |             |               |                       |                   |                |
|   |             |               |                       |                   |                |
|   |             |               |                       |                   |                |
|   |             |               |                       |                   |                |
|   |             |               |                       |                   |                |
|   |             |               |                       |                   |                |
|   |             |               |                       |                   |                |
| <input type="checkbox"/> Continued on another sheet |             |               |                       |                   | Sum SEK        |

### Insured person's signature

I hereby certify that the information in this insurance claim is true. I have read the information about GSR in Appendix 1.

|                |                             |
|----------------|-----------------------------|
| Place and date | Signature and name in print |
|                |                             |

## 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, and is used exclusively for adjusting claims. Accordingly, the company can see if you previously claimed a loss with another insurance company or a governmental agency which handles similar claims for compensation. The purpose of the GSR is to provide insurance 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 anonymised form for statistical purposes.

The personal data controller for the GSR is Skadeanmälningsregister (GSR) AB, Box 24171, 104 51 Stockholm. Go to [www.gsr.se](http://www.gsr.se) for further information regarding the processing of data which appears in the register.