



# KAMMARKOLLEGIET

## Claim form

Insurance for foreign visitors

### How to fill in the form electronically

You can fill in this form electronically. However we need your signature, so the form must be printed out and sent to Kammarkollegiet by post. To get a faster decision from us it is important that the form is filled in correctly and signed. Note that the form must be printed out on white paper.

Course organiser/Authority		Insurance number	
Name of insured		Personal ID No. of insured	
Delivery address		Postcode and city	
E-mail address		Mobile telephone	
Date of event	Time	Country	
Location of event	Is there a valid Schengen visa? If yes enclose copy <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance period <b>20</b> - <b>20</b>	

### Payment information - Account in Sweden (If no account details are given, payment is made with a payment card)

<input type="checkbox"/> Bank account	Name of bank	Clearing number	Account number
<input type="checkbox"/> PlusGiro:		<input type="checkbox"/> Bankgiro:	

### Payment information - Account abroad

IBAN number/Bank:	
SWIFT:	Bankcode (t.e.x. BLZ, SORTCODE)
Bankens namn och adress:	

### University's/Authority's confirmation (Notification must be sent again if not provided, together with a copy of the agreement or insurance confirmation)

<input type="checkbox"/> We hereby confirm that the notification refers to a person who is insured with Kammarkollegiet.	
Signature	Authority/Course organiser
Name printed	Position
Telephone	E-mail
<input type="checkbox"/> The costs have been advanced by the authority	
The compensation shall therefore be paid to the authority's PlusGiro account/ Bankgiro:	Reference



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### Sequence of events

Type of claim	
<input type="checkbox"/> Accident (attach doctor's certificate).	<input type="checkbox"/> Property cover (only applies in Sweden).
<input type="checkbox"/> Health and dental care.	<input type="checkbox"/> Liability cover.
<input type="checkbox"/> Repatriation.	<input type="checkbox"/> Legal expenses.

### Describe in detail the incident/care need:

Continued on another sheet.....

Health care facilities I visited:

Admitted to hospital the following dates:

I have insurance with another insurance company:  Yes  No

If yes, name of company:

Has the claim been reported to them?  Yes  No

If yes, has compensation been obtained?  Yes  No



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### Claim for compensation (health care, medicines, dental care etc.)

List of expenses for which the insured is requesting compensation. **Receipts must be attached**

Paid by you

Cost	Cause	Compensation claim, SEK	Yes	No
<input type="checkbox"/> Continued on another sheet.....		<b>Total SEK</b>		

### List of expenses for which the insured is requesting compensation

Attach original receipts.

Item	Make, model designation	Purchase date	IBought new or used	Place of purchase	Purchase price
<input type="checkbox"/> Continued on another sheet.....				<b>Total SEK</b>	

### The insured's signature

<b>The information in this notification is true, which is hereby confirmed.</b>	
<b>I also consent to Kammarkollegiet inspecting the necessary medical records to access my claim for compensation.</b>	
Place and date	Signature of information provider
	Name printed

Send your notification of claim to Kammarkollegiet within three years of the date of the event.  
Send the notification, with the authority's confirmation to: Kammarkollegiet, 651 80 Karlstad

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