



Kammarkollegiet

Claim Form Student IN and Student OUT

University/Foreign place of study	Institution/Equivalent	Student IN <input type="checkbox"/> Student OUT <input type="checkbox"/>
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Surname and first name	Personal ID no. (year, month, day, no.)
Address in Sweden	Telephone residence/work/mobile (including dialling code) in Sweden
Postal code and place in Sweden	E-mail
Mailing address abroad/home country	Telephone no. abroad/home country
Postal code and place	Fax no. abroad/home country

Manner of payment

Payment should be made to*:

Bank account Clearing no. Account no State the bank and place
.....

PlusGiro no./personal account

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

Date of damage	Time	Place of damage
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I am claiming compensation for: (Describe in detail in the space provided below and on the reverse side)

- Accident (doctor's certificate must be attached) Cause: _____
Medical care provider I visited: _____
(Name, address, country)
Hospitalised during the following days _____
- Permanent difficulties (e.g. pain, restriction in movement, scars)
- Costs,
All costs must be verified by original receipt (e.g. medical treatment, home transport)
- Liability cover
- Legal expenses (Applies where Student OUT is claimed)
- Cash damages (Applies only where Student OUT is claimed)
- Miscellaneous damage
- Report to another insurance company, if yes which _____

Describe the event in detail and state specifically what you were doing when the accident took place. (State the name, address, and telephone no. of any witnesses)

Continued on the reverse side

Postal address: Kammarkollegiet 651 80 Karlstad Sweden	Visiting address: Karolinen Norra Klaragatan 18 Sweden	Switch board +46 54-10 30 00	Internet www.kammarkollegiet.se	Fax +46 54-10 37 55
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List of costs for which the insured claims compensation. Receipts must be enclosed.

	Cause	Claim for compensation in SEK
		Total SEK

List of property for which the insured claims compensation

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

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

University College's certification

<input type="checkbox"/> It is hereby certified that the claim relates to a person covered by Student IN/Group. A description of the agreement regarding exchange or acceptance in accordance with section 1.1 is enclosed on a separate sheet.	
<input type="checkbox"/> It is hereby certified that the claim relates to a person covered by Student OUT/Group. A description of the agreement regarding exchange or acceptance in accordance with section 1.1 is enclosed on a separate sheet.	
<input type="checkbox"/> The claim relates to a person who is covered by an individual insurance policy. A copy of the insurance cover note is enclosed.	
<p>No claims adjustment can take place before we have received the certification or agreement.</p>	
Signature	University College
Name in print	Position
Telephone	Fax
<input type="checkbox"/> The above-stated costs have been paid in advance by the authority. Thus, compensation shall be paid to the authority's PlusGiro account no.	
In conjunction therewith, our reference must be stated:.....	

The insurance policy's terms and conditions are available at www.kammarkollegiet.se

The signature of the insured It is hereby affirmed that the information set forth in this claim is true and correct.

Place and date	Signature
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Don't forget to check that everything is correctly filled in.

The claim is to be sent **together with the University College's certification** to: KAMMARKOLLEGIET, 651 80 KARLSTAD, Sweden.