



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.

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

The insurance policy's terms and conditions are available at www.kammarkollegiet.se/insurance. Don't forget to check that everything is correctly filled in.

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)

List of costs for which the insured claims compensation. Receipts must be enclosed.

	Cause	Claim for compensation in SEK
Continued on another sheet		Total SEK

The insurance policy's terms and conditions are available at www.kammarkollegiet.se/insurance. Don't forget to check that everything is correctly filled in.

www.kammarkollegiet.se/insurance

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 (No claims adjustment can take place before we have received the certification or agreement)

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.

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.

The claim relates to a person who is covered by an individual insurance policy. A copy of the insurance cover note is enclosed.

Signature	University College
Name in print	Position
Telephone	Fax
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 signature of the insured

It is hereby affirmed that the information set forth in this claim is true and correct.	
Place and date	Signature

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

Don't forget to check that everything is correctly filled in.

The claim is to be sent together with the Authority's certification to: Kammarkollegiet, 651 80 Karlstad