



Erasmus Mundus Insurance

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.

Hosting university/Hosting country			Faculty/Department		
Coordinating university in Sweden					
Surname and first name				Date of birth (day, month, year)	
Postal address in hosting country				Postal code and place in hosting country	
Postal address in home country				Postal code and place in home country	
Telephone residence/work/mobile (including dialing code) in hosting country				Telephone in home country	
E-mail				Fax in hosting country	
				Fax in home country	
Manner of payment					
Payment should be made to*:					
Bank account	Clearing no.	Account no		State the bank and place	
☐ IBAN:					
SWIFT:					
*Unless otherwise stated, the compensation will be paid through postal check.					
Date of damage or incident	Time		Place of damage or incident		
I am claiming compensation for: (Describ	l e in detail in the space provi	ded below and	on the reverse side)		
Accident (doctor's certificate must be attached) Cause:					
Medical care provider I visited (Name, ad	dress, 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.

www.kammarkollegiet.se/insurance

Permanent invalidity (e.g. pain, restriction in movement)					
Medical and Dental care, All costs must be verified by original receipt (e.g. medical treatment, home transport)					
Liability cover					
Theft and loss of documents					
Visit by relatives					
Disruption cover					
Report to another insurance company, if yes which					
Describe the event in detail and state specifically what you were doing. (State the name, address, and telephone no. of any witnesses)					
List of costs for which the insured claims co		Tar			
	Cause	Claim for compensation in local currency			
Continued on another sheet		Total in local currency:			
		1			
The incurrence policy's terms and conditions are available at unusurless and leaves as financial as financial					
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.					
Don't lorget to check that everything is correctly lilled in.					
www.kammarkollegiet.se/insurance					

List of property for which the insured claims compensation The insurance applies to identification documents and travel tickets Object Make, model no. Date of purchase/ Purchased new or used Place of purchase Claim for compensation in year of acquisition local currency Total in local currency The signature of the schoolarship holder It is hereby affirmed that the information set forth in this claim is true and correct. Place and date Signature To be filled in by the University University's certification (No claims adjustment can take place before we have received the certification) It is hereby certified that the claim relates to a person covered by Group insurance for Erasmus Mundus Signature of Erasmus Mundus coordinator University Position Name in print Telephone E-mail The above-stated costs have been paid in advance by the authority.

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

www.kammarkollegiet.se/insurance

In conjunction therewith, our reference must be stated:

Grant agreement no:

Thus, compensation shall be paid to the authority's PlusGiro account no. (IBAN SWIFT)