



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*:

<input type="checkbox"/> Bank account	Clearing no.	Account no	State the bank and place
<input type="checkbox"/> IBAN:			
<input type="checkbox"/> 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: (Describe in detail in the space provided below and on the reverse side)		
<input type="checkbox"/> 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 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 compensation. Receipts must be enclosed.

	Cause	Claim for compensation in local currency
<input type="checkbox"/> Continued on another sheet		Total in local currency:

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