

Claim application Personal accident insurance for students etc.

Name of the injured person:

| | | | |
|---|---------------|------------------------|------|
| Surname | Name | Social security number | |
| Address | | Post code | City |
| Phone number | Mobile phone: | E-mail: | |
| The name of the school / preschool / activity / business: | | Phone: | |

Description of accident:

| | | |
|---|-----------------------------------|--|
| Date of the accident: | Time of the accident: | |
| When did the accident occur: | | |
| On the way to/from school/preschool/activity: | During school/preschool/activity: | During time outside school/preschool/activity: |
| In the event of a traffic accident, enter | | |
| Vehicle's license plate: | Insurance company: | |
| Describe the injuries have you sustained because of the accident: | | |
| Clearly describe how the accident happened: | | |
| | | |
| | | |
| | | |
| | | |

| | | | |
|---|------------|----------|-------------|
| When and where were doctors hired? | | | |
| Doctor's name and address | | | |
| Hospitalized | From date: | To date: | |
| Are you still being treated? | Yes | No | |
| Are you expecting permanent problems in the future? | Yes | No | Do not know |
| If Yes, which type? | | | |

| | | | |
|---|-----|----|----------------------|
| Has injured body part previously been exposed to injury or illness? | Yes | No | If Yes, when (date): |
| Was a doctor involved? | Yes | No | |

Compensation to be paid to:

| | | | |
|--|-----------------|------------------------|-------------------------------|
| Name of payment recipient if other than the insured: | | | |
| Bank name: | Bankgiro: | Plusgiro: | |
| Clearing number | Account number: | | |
| Other involved insurance: | Yes | If Yes, which company? | Type of insurance? |
| | No | | Accident insurance: Other: |
| Has a claim been made to another insurance company? | Yes | If Yes, which company? | Claim number: |
| | No | | |

| Compensation claim | Note! Receipts in original need to be attached | Amount |
|--------------------|--|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | |

School transport

Need for a taxi to and from school due to accident must be substantiated with a certificate from the attending doctor. The certificate must state the time during which the taxi was prescribed. Before ordering taxi journeys to and from school, Crawford & Co should be contacted for confirmation. After confirmation from Crawford & Co, taxi travel can be booked.

Consent

I give my consent to Crawford & Co to, in my place, from the Swedish Social Insurance Agency reclaim any reimbursement of healthcare costs in the EU / EEA and other countries.

Mandatory signature

I assure you that the information provided is complete and truthful.

| | |
|--------------------------------|--------------------|
| City and date | Signature |
| If minor, who has Guardianship | Name clarification |

Claim is sent to:

Crawford & Co/ Kommun Olycksfall
 Box 6044
 171 06 SOLNA
 E-mail: sterik.olycksfall@crawco.se
 Telefon: 08-508 299 26
 Fax: 08-124 459 49

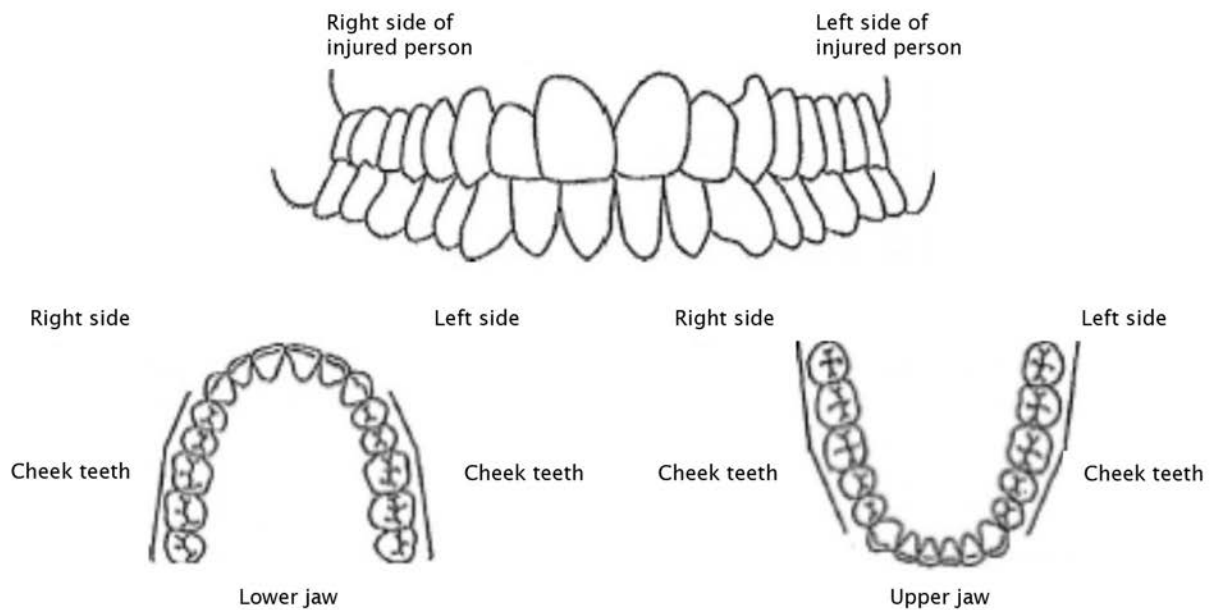
Appendix to the claim report for dental damage

| | |
|--|------------|
| Collective accident insurance for Stockholms Stad | |
| Social security number | Claim date |
| Surname and name | |

MARK WHICH TEETH ARE DAMAGED. DO NOT FORGET TO MARK IF BABY TEETH OR PERMANENT TEETH

Note! Certificate from dentist is NOT required.
Mark the damaged teeth in the picture.

- Baby teeth
- Permanent teeth



| | |
|--------------------------------|--------------------|
| City and date | Signature |
| If minor, who has Guardianship | Name clarification |

Information regarding S:t Erik Försäkrings AB:s handling of personal data can be found at www.sterikforsakring.se