S:t Erik FÖRSÄKRING EN DEL AV STOCKHOLMS STAD

Claim application is sent to: **Crawford & Co/Kommun olycksfall**
Box 6044
171 06 SOLNA
E-mail: sterik.olycksfall@crawco.se
Phone: 08-508 299 26
Fax: 08-124 459 49

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 ◯ No ◯	If Yes, which company?	Type of insurance? Accident insurance: ☐ Other: ☐	
Has a claim been made to another insurance company? Yes ◯ No ◯	If Yes, which company?	Claim number:	

Compensation claim	**Note! Receipts in original need to be attached**	**Amount**
	Total	0,00

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

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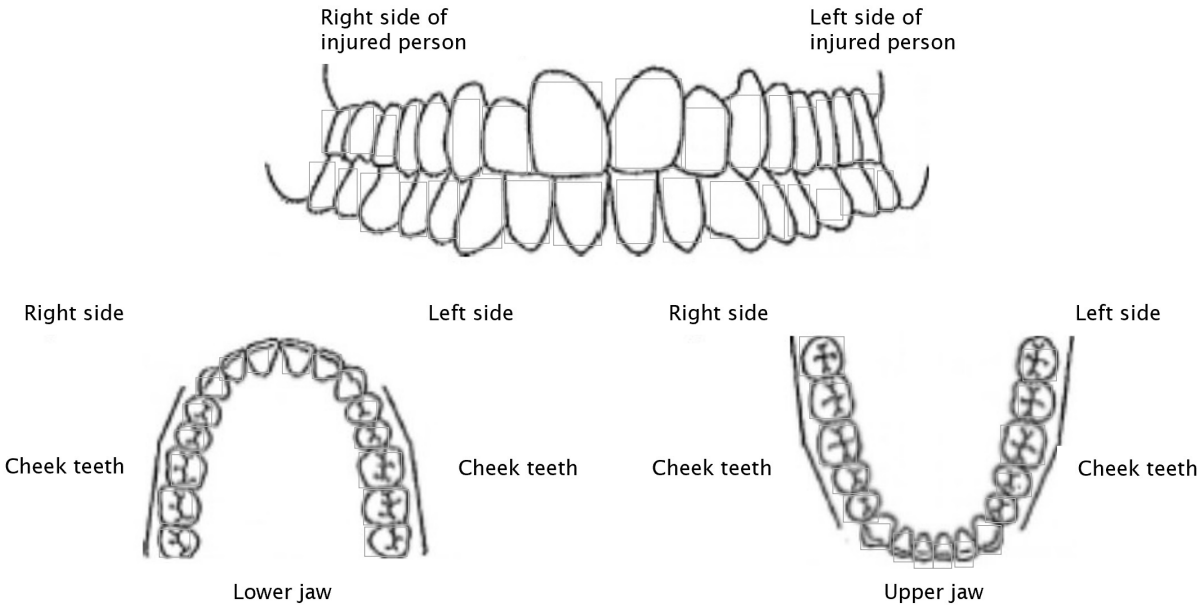
Appendix to the claim report for dental damage

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