

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?			

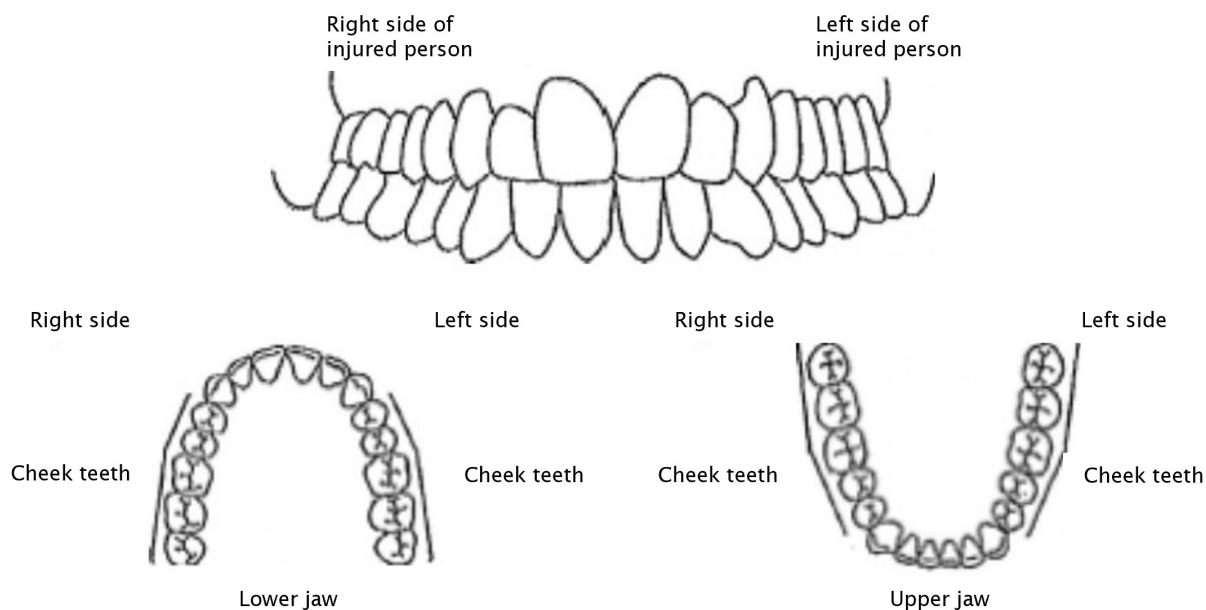
Appendix to the claim report for dental damage

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