

Fields marked with \* are mandatory and must be completed. Use one claim form per claim. smaller claims can be dealt with directly by calling +46 (0)771 –105 014 during office hours.

» Insured

Name	Personal identity number *
Postal address	Postcode and city
Telephone (daytime)*	E-mail

» Co – insured /children

Name	Personal identity number
Postaladdress	Postcode and city
Telephone (daytime)	E-mail

» Group agreement

Group agreement/group agreement number if applicable
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» Payment to insured/co-insured

Bank	Clearing and account number
Enter plusgiro, bankgiro or personal account	Name of account holder

» Information about the claim

Does this form/expenses claim relate to a claim previously reported to Euro Accident?*	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>Yes</b> , provide claim number and then continue directly to page 2	Claim number
If <b>No</b> , answer the remaining questions and then continue to page 2	
What physical injury/illness does your claim form relate to? If it is a painful knee, for example, please indicate whether left or right *	
On what date did you first experience symptoms of your complaint?*	Have you received treatment for your complaint?*
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , when?	
If <b>Yes</b> , state full name and address of the treatment provider	

**Send documents to:**

Euro Accident Livförsäkring AB  
Bäckgatan 16, 352 31 Växjö  
www.euroaccident.se      077-440 00 10

## Claim form reimbursement

For scope and limitations see the terms applicable to your insurance. To make processing of your claim quicker and easier, please number your receipts and give details below. Attach a compilation of all original receipts stuck on a separate sheet of paper (preferably A4) – do not use paper clips or staples.

### » Prescription of pharmaceutical

Attach original pharmacy prescription receipt. Note that only your contribution will be reimbursed.

Name of pharmaceutical	Ver.no	Amount in SEK	Note
Name of pharmaceutical	Ver.no	Amount in SEK	Note
Name of pharmaceutical	Ver.no	Amount in SEK	Note
			Total SEK

### » Treatment, travel costs and aids

Attach original receipt.

Reimbursement for	Ver.no	Amount in	Note
Reimbursement for	Ver.no	Amount in	Note
Reimbursement for	Ver.no	Amount in	Note
			Total SEK

### » Journeys using own car

Date	Journey (from – to)	Ver.no	Mileage	Note
Date	Journey (from – to)	Ver.no	Mileage	Note
Date	Journey (from – to)	Ver.no	Mileage	Note
Date	Journey (from – to)	Ver.no	Mileage	Note
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### » Processing of personal data

As a Controller, Euro Accident processes personal data to be able to offer and provide the insurance and services on which we have agreed and for other purposes such as, for example, compliance with laws and other rules. Further detailed information about the processing of personal data is available from Euro Accident's Integrity Policy (available at [www.euroaccident.se](http://www.euroaccident.se)) or by contacting Euro Accident. Our Integrity Policy not only includes information about how Euro Accident collects and uses your personal data, but also information about your rights in conjunction with the processing of personal data, such as the right to information, rectification, data portability, right to be forgotten and to object, etc.

### » Signature

The information in this claim form forms the basis for the insurance agreement and its fulfilment. I am aware that incorrect or incomplete information may render the insurance invalid and that any right to insurance reimbursement may cease to apply. I consent to the processing of personal data required for claim adjustment, administration and fulfilment of the insurance agreement by Euro Accident or the companies appointed by Euro Accident to assess risks and adjust claims.

Place and date (DDMMYY)	Signature
Personal identity number	Print name