

» Account for payments

Our payments are made via Swedbank’s payment system (SUS). Details of the bank account into which the compensation should be paid should therefore be provided via swedbank.se/kontoregister. The bank account may be with a different bank, and it is not required to be a customer of Swedbank. If no bank account details are provided, we will send an advice notice which can be exchanged via Swedbank’s website or in certain shops. Payments to children under the age of 18 do not go via Swedbank’s payment system, but directly to a bank account in the child’s name controlled by the Chief Guardian.

» Other insurances

Did the deceased have occupational group life insurance with any other company?
 Yes No
If Yes, state which company

» Additional information

[Empty text box for additional information]

» 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) 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 creates the basis for the insurance agreement and its performance. I am aware that incorrect or incomplete information may render the insurance invalid and that any rights to insurance compensation may lapse. I certify that the information is accurate and complete to the best of my knowledge. I agree that Euro Accident Life Insurance AB obtains information from the Swedish Social Insurance Agency that may be necessary to assess the right to compensation. The consent does not apply to obtaining medical records, medical certificates and similar documents.

Table with 2 columns: Field Name, Field Description. Rows include Signature, Name, Swedish Social Security Number, Place and date (YYMMDD), Postcode and city, Postal address, Mobile number, E-mail address.

» **Copy of valid identification**

Space below for copy of ID document (driving licence, passport or the bank's or the postal service's ID card).

PLACE YOUR ID DOCUMENT IN THIS BOX AND TAKE A COPY

» **This photocopy of an ID document should be certified by one person (cannot be personally certified by the holder of the ID document)**

The above copy of the ID document is hereby certified

Place and date	Signature
Print name	Street address
Postcode and city	Mobile number

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The documents should be sent to:

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