



Do you want to fill in the form online?
Scan the QR-code or click the link below to get directly to the form. Click "[here](#)" to get directly to the form.



» In order to process your case, please attach:

- A certified copy of an ID document (driving license, passport or other approved ID-document), see appendix. For payments to children under the age of 18, we need a certified ID document for the guardian.
- "Certificate of death and kinship investigation" from the Swedish Tax Agency.
- Proof of bank account controlled by the Chief Guardian for payments to children under the age of 18.

Euro Accident may need to obtain supplementary information if the supporting documents above are insufficient to process the matter.

» Insured

Name of the deceased	Swedish Social Security Number
Employer	Period of employment of the deceased. From (YYMMDD) To (YYMMDD)
At the time of death, was the deceased absent from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, enter from which date the deceased was absent from work (YYMMDD)
Reason for absence from work	

» Details of the death

Cause of death <input type="checkbox"/> Illness <input type="checkbox"/> Accident	Date of death (YYMMDD)
Description of illness/accident that caused the death	

» Marital status of the deceased

Married/registered partner <input type="checkbox"/> Yes <input type="checkbox"/> No	If an application for divorce/dissolution of partnership had been submitted to the district court, please state the date:		
Cohabitee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, from when?	Cohabitees Social Security Number	Name of cohabitee

» Other persons entitled to inherit

In capacity as _____ I declare on my honour and faith:		
(specify kinship with/connection to the deceased)		
<input type="checkbox"/> That the attached kinship investigation, as far as I am aware, includes all entitled to inherit.		
<input type="checkbox"/> That there are additional persons entitled to inherit, as far as I am aware.		
If there are additional persons entitled to inherit, please specify below:		
Name	Social Security Number	Kinship/connection with the deceased
Name	Social Security Number	Kinship/connection with the deceased
Name	Social Security Number	Kinship/connection with the deceased

The documents should be sent to:

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

» Request for payment

If you would like a payment period of more than five years (standard), please specify the payment period below:

10 years 15 years 20 years

» 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.

» 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.

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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