



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 copy of all medical certificates.
- a certified copy of an ID document (driving license, passport or other approved ID document), see appendix.
- In cases involving a protected identity, the claim notification must also be supplemented with an SGI decision and a form 037 certificate issued by the Swedish Social Insurance Agency

» Insured

Do you have protected identity? If yes, only fill in the fields marked with the symbol: **S**

Name	Swedish Social Security Number S
Postal address	Postcode and city
Telephone S	Mobile number S
E-mail address	

» Information about Insured

Employer	Enter your annual income
Describe your occupational tasks below.	Enter the regular working hours as a percentage for the above employer.
Were you fully or partially unemployed at the time you went on sick leave? ☐ Ja ☐ Nej	If yes, from what date did your employment end?
Have you been on a leave of absence during the period of your sick leave? ☐ Ja ☐ Nej	If yes, please state the reason for your leave of absence and specify the period during which you have been or are on leave.
Do you currently have, or have you previously had, a wage subsidy arrangement? ☐ Ja ☐ Nej	If yes, please specify the relevant period.
Do you have a company car benefit? ☐ Ja ☐ Nej	If yes, do you retain the company car during your sick leave? If the company car benefit has ended, this must be confirmed in writing. Please attach supporting documentation. ☐ Ja ☐ Nej

» Information for you if you a self-employed individuals and business partners

Are you part-owner/owner of the company? ☐ Yes ☐ No	If yes, do you own, either alone or together with your spouse, registered partner, parent, or child, at least 33.3% of the company's shares. ☐ Yes ☐ No
Have you been active in the company to any extent during your sick leave? ☐ Yes ☐ No	If yes, please specify the number of hours worked per week and the duties performed. If no, who is responsible for your duties during your period of sick leave?

» Statement/declaration/report of the accident (n/a if claim is due to illness)

When did the accident occur? Please provide the date and time
Describe the bodily injuries you have sustained.
How did the accident happen?
Have you visited any healthcare provider in connection with the accident? (e.g., emergency department and/or health center) If yes, please provide the date and the name of the healthcare provider.

The documents should be sent to:

Euro Accident Livförsäkring AB
Bäckgatan 16, 352 31 Växjö
www.euroaccident.se Tel 0771- 10 50 11

» Statement/declaration/report of the illness

Name of the illness	When were the first symptoms noticed?	When was your first medical visit?
Have you been on sick leave for more than 14 consecutive days at any time during the past 12 months? If yes, please attach copies of the medical certificates for the relevant period(s). The certificates may entitle you to a reduced qualifying period.		
☐ Yes ☐ No		

» Mandatory questions (in case of accident/illness)

When was your first day of sick leave, i.e. qualifying day?	Has the accident/illness caused incapacity at work/sick leave for more than 90 days? ☐ Yes ☐ No		
If yes, please indicate to what extent?	☐ 100 %	From	To
	☐ 75 %	From	To
	☐ 50 %	From	To
	☐ 25 %	From	To
Are you working full time? ☐ Yes ☐ No		If yes, enter from when. From	

» Other compensation

Are you entitled to sickness or rehabilitation allowance or other rehabilitation compensation due to incapacity of work (similar to Försäkringskassan) from a country other than Sweden? If yes, please attach letter of confirmation. ☐ Yes ☐ No
In addition to this insurance, are you covered through your work by other insurances related to loss of income due to incapacity of work? ☐ Yes ☐ No
If yes, has the other insurance company given notice of compensation? If yes, please attach letter of confirmation. ☐ Yes ☐ No

» Additional information

Please provide any additional information that might be relevant to your claim:

» 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](https://www.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.

» Premium waiver insurance - payment

In which company do you have occupational pension insurance today?
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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) 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.

Place and date (YYMMDD)	Signature (insured)
Mobile number	Name

» **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

Name

Postal address

Postcode and city

Mobile number

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.