Gjensidige

Claims report

- Health and accident cases foreign athletes

- License insurance

Policyholder

Insurance number	Policyholder ☐ Ice hockey ☐ Handball ☐ Volleyball	
Association/club	Email address	Mobile

Injured

Injured party's name	Nationality	Date of birth
Contact address		Mobile
Postal code	Place name	Email address
Are you employed or paid by a club? ☐ Yes ☐ No	Compensation is paid to: ☐ The club	Compensation is paid to: Account holder BIC/SWIFT IBAN
	- Enter the club's organization number	
	- Enter the club's account number	

Consent is required for payments to someone other than the injured party.

Accident/Acute illness

When did the accident/acute illness occur? (Year, month, day, time)	Did the accident occur during a match? ☐ Yes ☐ No
Where did the accident/acute illness occur?	
Describe the sequence of events in detail.	
What bodily injure/illnes occurred?	

When was the doctor contacted?	Which doctor (name, address, phone)	
When was the dentist contacted?	Which dentist (name, address, phone)	
Has the injured body part previously been exposed to injury or illness? ☐ Yes ☐ No	If so, when?	
Which doctor and/or dentist was consulted? (name/address)		
Has the medical treatment been completed? ☐ Yes ☐ No	Is disability feared? ☐ Yes ☐ No	
Is there additional accident insurance? ☐ Yes ☐ No	Company	Has the damage been reported there? ☐ Yes ☐ No

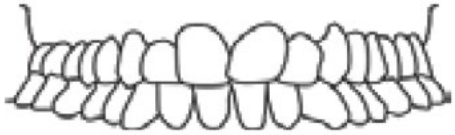
In case of tooth damage

Please mark in the picture which teeth have been damaged.

☐ Baby teeth ☐ Permanent teeth

Approved mouthguard used ☐ Yes ☐ No

The injured right side The injured left side



NOTE: Information regarding medical and dental costs in the event of an accident

The insurance is a supplement to society's protection. Therefore, the following applies: Medical and travel expenses to and from the doctor. All costs must be supported by original receipts.

Damage costs – always attach original receipt

Date	Type of expense (doctor's fees, travel, etc.)	Total cost	Reimbursed by the insurance company	Remaining amount

Supplementary information

Signature of insured (by guardian if the insured is a minor)

Place and date	Signature
Name clarification	

Claims should be sent to:
Gjensidige Försäkring, Postal address Box 4430, 203 15 Malmö, Sweden, skador@gjensidige.se