

# Claim Patient injury to Stockholmsregionens Försäkring AB

## Personal data

First name

Last name

Social security number (YYYYMMDD-NNNN)

Address

County

Postal code

Phone number

Email Address

How do you want us to contact you?

Email Address  Phone  Regular mail

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## Information about the injury

Date of the accident

Description of the injury, what happened and how did the injury occur

Name and address of the care facility or care unit where the injury occurred

Additional information

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## Signatures \*

By signing the claim, you certify that the information provided is accurate

County and date

Signature of the injured person

Printed name

Signature of ombudsman/trustee

Printed name

The signed claim should be sent by email to [skador@srfab.net](mailto:skador@srfab.net) or by regular mail to:

Stockholmsregionens Försäkring AB

Att: Skador

Box 16250

103 24 Stockholm

Phone 08-412 97 40

Registration number: 516406-0641

The following municipalities in Stockholm County are covered by SRF's patient injury insurance: Botkyrka, Danderyd, Ekerö, Haninge, Huddinge, Järfälla, Lidingö, Nacka, Norrtälje, Nynäshamn, Sigtuna, Sollentuna, Solna, Södertälje, Tyresö, Täby, Upplands Väsby, Vallentuna, Vaxholm, Värmdö och Österåker.

**At SRF:s website [www.srfab.net](http://www.srfab.net) you can read more about GDPR, your rights and how SRF handle personal information.**

You can find more information about SRF at [www.srfab.net](http://www.srfab.net).