|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Kammarkollegiet  FÖRSÄKRINGSAVDELNINGEN |  | |  |
|  | |  |
|  | |  |
|  |  | 20YY-MM-DD |  | |
|  |  |  | | |

Insurance Certificate

This certificate is issued under the authority of the Kammarkollegiet. The insurance is backed by the full faith and credit of the Swedish government.

This is to certify that **Nam Efternamn** is covered by the *Personal Injury Insurance (SPS) 2020-10-01..*

Date of birth: **May DDth, 19YY**

Insurance policy number: **28.3.1-062019-2019-7**

Insurance policy holder: **Uppsala University**

The insurance is valid during the period 20YY-MM-DD through 20YY-MM-DD

**Extent of cover**

The cover applies during work hours in Sweden, and direct travel between home and work.

**Personal injury cover**

In conjunction with personal injury as a result of an accident compensation will be paid for personal injuries in accordance with Chapter 5, sections 1 and 2 of the Swedish Tort Liability Act (SFS 1972:207) as though liability in damages had existed. As regards issues concerning com­pensation for loss of income, the rules concerning the calculation of life an­nuity contained in Chapter 41, sections 8-18 of the Social Insurance Code (2010:110) shall apply.

The insurance is backed by the full faith and credit of the Swedish government.

On behalf of Kammarkollegiet

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and status of representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the representative Stamp or seal of the institution