

Travel Insurance · Claim Form



Sydbank Visa Electron No: _____

Claim No: _____ (to be completed by If)

Name: _____ CPR No: (Civil registration number) _____ - _____

Address: _____ Postal code: _____ Town: _____

Private phone: _____ Work phone: _____ Mobile phone: _____

E-mail: _____

1. Claim relates to:

- Grid of checkboxes for claim categories: Cancellation, Security/Bail, Concert and festival, Missed departure, Illness/Home repatriation, Search/Rescue, Dentist, physiotherapist, chiropractor, Baggage, Detention, Accident, Curtailment, Other, Replacement trip, Escort/Summing a relative, Baggage delay, Evacuation, Personal liability.

2. Date of loss, damage or injury: _____

3. Detailed description of incident:

4. Trip

Purpose: Holiday Combined holiday and business Studies Other _____

Departure: _____ Return: _____

Travel agency/travel organizer: _____ Country/place of stay: _____

5. Illness/Accident/Injury etc

Date and time of illness/accident: _____ First consultation: _____

Date of recovery: _____ Hospitalized on (date from/to): _____ - _____

Prescribed bed rest (date from/to): _____ - _____ **A Doctor's report must be enclosed**

Have you ever had the same symptoms/illness before? Yes No When: _____

Name/address/phone for general practioneer: _____

Member of "Sygeforsikringen danmark"? Yes No

Other accident insurance? Yes No Insurance company: _____

Policy No: _____

Has claim been filed? Yes No

Other international credit card? Yes No Type of card: _____

Card No: _____

Has claim been filed? Yes No

Other travel insurance? Yes No Insurance company: _____

Policy No: _____

Has claim been filed? Yes No



6. Expenses in the event of illness, injury etc

Diagnosis	Expenses (medical treatment/ medicine etc)	Amount (currency)	Have you paid? (Yes/No)

7. Damage/theft

When did you note damage/theft? (date): _____ When did incident occur? (if other date): _____

Claim has been reported to:

Police Transport company Hotel Guide SOS-International a/s If

Other _____ **Original documentation must be enclosed**

Location of items at time of incident:

Car/caravan Hotel/apartment Accommodation abroad Bus Airplane Train

Other _____

Was baggage checked in/handed over? _____ Yes No With/to whom? _____

Was place of storage locked? _____ Yes No

Were there any signs of theft? _____ Yes No Which? _____

8. Lost items

What have you lost?	Date of purchase (dd/mm/yy)	Purchase price	Amount claimed ((enclose original receipts)

Enclose separate statement, if any

Details of account to which compensation, if any, should be credited:

Bank: _____ Reg.No: _____ Account No: _____

Household/contents insurance coverage taken out with: _____

Policy No: _____ Has claim been filed? Yes No

9. Signature

By submitting this claim, I certify that all answers to the questions above are true. Referring to the Danish Open Administration Act, I hereby consent to the insurance company obtaining information from the dentists, doctors, medical institutions and insurance companies who know of or will know of the claim. In addition the insurance company may inform such individuals of the information disclosed. I hereby consent to If obtaining a police report or post mortem certificate, if any, for examination.

Date: _____ Signature: _____

To be submitted to: If Skadeforsikring, Stamholmen 159, DK-2650 Hvidovre, Denmark

Translation

The above is a translation of the Danish "Skadeanmeldelse - Rejseforsikring". In case of doubt the Danish original will apply.