insured.™

Notification of Claim for Travel Insurance Danske Bank

1) CARD HOLDER

Card holder's name		Card number	Expiration date
Residential address	Postal code	City, country	Employer/position
Personal ID number (10 digits)	Telephone, day	Telephone, evening	E-mail

2) CLAIMANT (if other than card holder)

Full name of claimant		Card number	Has own card
Residential address	Postal code	City, country	Expiration date
Personal ID number (10 digits)	Telephone, day	Telephone, evening	E-mail

Employer/position	Did you travel together with the card holder? ☐ Yes ☐ No
If more than one claimant, please use separate claim forms	***Documentation must be enclosed***

3) THE CLAIM (please fill out one or more of lines 9–13)

Loss date	Place of loss

Detailed description of the sequence of events/loss/outlay:

If you need more space use another sheet of paper!

4) TRAVEL DETAILS

		Distance in km	Ferry route
☐ Flight	☐ Private car		
☐ Train	☐ Rental car		
☐ Bus	☐ Fellow traveller's car		
☐ Boat	☐ Other, what?:		
☐ Leisure travel	☐ Business travel for:		

Trip duration (from-to)

Attach: Documentation for payment method and duration.

Turn!

5) NOTIFICATION OF INSURANCE INCIDENT

Incident is reported to:

☐ Police (In the event of criminal events, the original police report must be attached.)

☐ Tour leader ☐ Carrier ☐ Other, explain: .....

Attach: Original confirmation.

6) WITNESS

Name	Residential address	Telephone
Relations to claimant		

7) LIABILITY/INSURANCE - OTHER

Any other valid insurance? ☐ Yes ☐ No	Insurance company	Has the claim been reported there? ☐ Yes ☐ No
	Police no.	Claim no.
Have you received compansation from travel agency/airline? ☐ Yes ☐ No	Where?	Claim no.

8) COMPENSATION

Any compensation paid to (name):	Account no.

9) LUGGAGE

Delay (attach documentation from carrier)	When and where did the luggage arrive?

Has compensation been received from carrier? ☐ Yes ☐ No	If yes, how much?

LOST/DAMAGED BAGGAGE

Item brand/type/model	Acquired where and when?	Who does the item belong to?	Price when purchased?	Injury	Is there a receipt?

If there are several items, explain on your own sheet.

In the event of loss of cash Where and how were they stored in the incident?	
Theft Was the storage place locked? ☐ Yes ☐ No	Who had the key?
Was/were the item(s) stored in a special manner? ☐ Yes ☐ No	How?
In the event of burglary in car/bus/boat, etc. Identification	Type/brand/model
Where in the vehicle was the item(s) located?	

Attach: Receipts from when the items were purchased. Any repair receipts. Original confirmation that the loss was reported.

10) ILLNESS OCCURRED DURING THE TRIP (does not apply in Denmark)/ – AND TRAVEL ACCIDENT

Have you had contact with assistance company? ☐ Yes ☐ No	Which?		
Date(s) medical consultations		**OUTLAY**	
		Foreign currency	DKK
Date(s) hospital stay			
Medicine prescribed by doctor			
Transportation to/from doctor/hospital			
Other expenses in relation to condition			
Doctor prescribed additional expense for (home) travel ☐ Claimant ☐ Companion			
Have you previously been treated for the same illness? ☐ Yes ☐ No			
If yes, when?			
By whom?			
Will the accident be able to cause lasting medical disability? ☐ Yes ☐ No			

Attach: Original receipt for all outlays with the specification. Medical files. Physician's requisitions.

11) TRAVEL LIABILITY

Please attach your own explanation and original enclosure.

12) CANCELLATION/DELAY/INTERRUPTION

Cancellation/interruption
Was the trip cancelled due to:

Which expenses has this resulted in?

Attach: Original tickets/travel documents. Original confirmation from a doctor where it is clear who was ill, when the illness/injury occurred and whether this was acute. Documentation for family relationship (if not own illness).

Delayed attendance/transportation delay

Delayed attendance/transportation delay Reason for original journey could not be compleated: ☐ Cancellation ☐ Delay	Due to: ☐ Weather ☐ Technical
Which additional expense has this resulted in?	

Attach: Original receipt for outlay. Original confirmation from carrier.

Replacement trip

Name	New travel date
Cancellation/interruption insurance has been used due to: ☐ Illness ☐ Death ☐ Accident	If not own injury/illness, whose?

Attach: Documentation of original travel, Original statement from attending physician, Original enclosure for outlay. Documentation for family relationship, if not own illness.

THE FORM MUST BE FILLED IN COMPLETELY AND ACCURATELY

SIGNATURE

I hereby give the insurance company authorisation to obtain information concerning my health. Such authorisation shall include collection of information, which is necessary for the assessment of the insurance event and for the establishment of any insurance benefit.
Authorisation only covers health information, which is of importance for the treatment of the claim. When additional medical information is given by doctors, these can be supplemented with a copy or an extract of the relevant medical record, if the insurance company requests this.
Information can be obtained from authorised healthcare professionals, hospitals and healthcare institutions, from public authorities, as well as from insurance companies and pension funds to the extent that these parties' information has direct relevance to the proceedings. I hereby consent that the insurance company in the context of assessment of the insurance event and the determination of any benefit, must make use of the information concerning health conditions as mentioned above.
The information will be exchanged between the Danish branch of the ACE group and the claim processing part(s) of the ACE group, which shall be responsible for the processing of the case. To the extent that it is necessary for the treatment of the reported claim, the information will also be able to be transferred to external advisers, such as lawyers associated with ACE European Group.
The above information may also be transferred to other insurance companies, pension funds, the Danish National Board of Industrial Injuries, as well as other authorised healthcare professionals who are involved in the proceedings and have a legitimate interest in doing so.
I declare that the information has been given on faith and laws. A photocopy of this declaration shall have the same validity as the original.

Signature	Date

Claimant's signature (if other than card holder)	Date

Send this claim report to:

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