

Notification of claim Damage to rental car

CODAN

Please avoid using staples – use a paper clip instead! We will scan any enclosures

Policyholder

Name	
Address	
Postal code	Town/City
Email	

Claim no.

(to be filled by Codan)

Reference no.	5815446773
Tel. (home)	
Tel. (work)	
Civil reg. no.	

Signature

I solemnly declare that the information that I have provided in this notification of claim is correct. I grant Codan permission to obtain the documents/information necessary to assess the damage and questions in connection with the claim. I also grant Codan permission to forward the information to other companies to which the claim has also been reported. If the claim has been reported to the Labour Market Insurance (former the National Board of Industrial Injuries) or the police, I also grant Codan permission to obtain any information from there.

It is a precondition that the car rental payment has been made with your Mastercard issued by Danske Bank.

Codan will retain your information

Codan may obtain additional information about you and the damage through publicly available media, sources and witnesses etc. in order to assess your notification of claim and the claim filed. Codan will retain the information for as long as it may be necessary in relation to your insurance and the claims reported.

Date	Policyholder's signature
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Payment card details	The first 6 digits in the card no.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	and the last 4: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry (month/year): ____ / ____
	Mark your card with an X <input type="checkbox"/> World Elite Mastercard Private Banking ELITE <input type="checkbox"/> World Elite Mastercard Private Banking <input type="checkbox"/> Mastercard Platin Private Banking <input type="checkbox"/> Mastercard Guld <input type="checkbox"/> Mastercard Platin <input type="checkbox"/> Mastercard Direct Studie <input type="checkbox"/> Mastercard Basis <input type="checkbox"/> Mastercard Direct		
	Mark your optional cover with an X <input type="checkbox"/> Excess Cover, basic <input type="checkbox"/> Excess Cover, extended		
Important!	It is important that you send us all necessary information and enclosures, or this may prolong the claim processing time.		
Hirer/driver at the time of the damage	Name		Civil reg. no.
	Address		
	Postal code	Town/City	
Details about the car rental	Purpose <input type="checkbox"/> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Study		
	In which country did the damage occur?		
	Rental date (day/month/year)	Time	Return date (day/month/year) Time

Notification of claim

Damage to rental car

CODAN

Details about the damage	When did the damage occur? (day/month/year)		Time (00.00-24.00)	
	When did you discover the damage? (day/month/year)		Time (00.00-24.00)	
	When was the car rental company informed of the damage? (day/month/year)		Time (00.00-24.00)	
	How did you discover the damage? <input type="checkbox"/> While taking possession <input type="checkbox"/> During return <input type="checkbox"/> During the rental period <input type="checkbox"/> Other:			
	Do you acknowledge responsibility for the damage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, a third party is responsible, and the car rental company has been informed thereof.			
Police report	Has the damage been reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was a blood sample taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Information about third party	Name			
	Address			
	Postal code	Town/City	Country	
Details about the incident	Describe the incident in details, including information about the amount of damage: Longer description of the incident can be attached			
The incident	Please make a drawing of the incident: Longer description of the incident can be attached			
Claim for compensation Remember to enclose original documentation for your claim for compensation	Statement of claim: Longer description of the incident can be attached		Currency:	Amount:
Notification of claim	Have you reported the damage to the car rental company <input type="checkbox"/> Yes* <input type="checkbox"/> No		Have you received documentation for the damage? <input type="checkbox"/> Yes** <input type="checkbox"/> No	
	* If you have reported the damage to the car rental company, please enclose a copy of the notification. ** If you have received documentation for the damage, please enclose a copy.			
Bank details	Compensation can only be credited to a bank account.			
	Bank	Reg. no.	Account no.	

Notification of the claim must be sent to:
 Codan Forsikring, Gammel Kongevej 60, DK-1790 Copenhagen V,
 Denmark or to DBrejseskade@codan.dk

Remember always to state and specify your claim for compensation.

The following documents must be enclosed:

- Car rental agreement and an invoice/demand note from the car rental company.
- Copy of the filled-in notification of claim to the car rental company (documentation for the damage).
- Documentation that the drivers and hirer have a valid driving licence.
- Police report
- Documentation of car rental payment and whether the payment has been made using your card.
- A copy of itinerary, travel certificate, plane tickets or similar.
- Car repair invoice.