

Notification of claim

Purchase insurance/mobile phone insurance

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.

We 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. We 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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The claim concerns	<input type="checkbox"/> Purchase insurance <input type="checkbox"/> Mobile phone insurance		
Payment card details	The first 6 digits in the card no.:	and the last 4:	Expiry (month/year):
	<input type="text"/>	<input type="text"/>	____ / ____
	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"/> Optional cover, basic <input type="checkbox"/> Optional cover, extended			
Important!	It is important that you send us all necessary information and enclosures, or this may prolong the claim processing time.		
Claimant	Name	Civil reg. no.	
	Address		
	Postal code	Town/City	Country
Details about the loss and/or damage	Where did the loss and/or damage occur?		
	When did the loss and/or damage occur?		
Other insurance cover/cards	Do you have home contents insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, please state insurance company and policy no.		
	Insurer	Policy no.	Reported <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have any excess on your insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify how much:		DKK
	Do you have insurance to which another card is attached (Mastercard, Eurocard, Diners Club etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Please specify card name and bank (Mastercard, Eurocard, Diners Club etc.)		Reported <input type="checkbox"/> Yes <input type="checkbox"/> No

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Police report	Has the theft been reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Further details	Was the crime scene locked? <input type="checkbox"/> No <input type="checkbox"/> Yes - how?		
	Are there visible signs of burglary? <input type="checkbox"/> No <input type="checkbox"/> Yes - which?		
	Has there been damage to the building? <input type="checkbox"/> No <input type="checkbox"/> Yes - how?		
Theft from a car, bus, tent or caravan	Make/Model		
	Where were the objects stored?		
	If placed in the baggage compartment, was this locked and were the stolen objects not visible from the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Details about the loss and/or damage	Describe the event in details: 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:
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:

- Original documentation for the loss and/or damage, for example police report.
- Original purchase receipts as well as a specification of the purchases.
- Statement of account showing that the object(s) has/have been paid for using your card.