

# Notification of claim Travel 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.

## 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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<b>Payment card details</b>	The first 6 digits in the card no.: □ □ □ □ □ □	and the last 4: □ □ □ □	Expiry (month/year): ____ / ____
	<b>Mark your card with an X</b>		
	<input type="checkbox"/> Mastercard Corporate Platinum <input type="checkbox"/> Mastercard Corporate Gold <input type="checkbox"/> Mastercard Corporate Classic <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 Basis <input type="checkbox"/> Mastercard Direct <input type="checkbox"/> Mastercard Direct Studie <input type="checkbox"/> Mastercard Guld <input type="checkbox"/> Mastercard Platin <input type="checkbox"/> Mastercard Rejsekonto		
<b>Important!</b>	<b>Mark your optional cover with an X</b>		
	<input type="checkbox"/> Annual Travel Insurance Europe <input type="checkbox"/> Annual Travel Insurance Worldwide <input type="checkbox"/> Baggage and Flight Delay <input type="checkbox"/> Cancellation/Replacement Trip		
<b>The claim concerns</b>	It is important that you send us all necessary information and enclosures, or this may prolong the claim processing time. Please note: Expenses for medical certificate and other documentation are not covered.		
	Note: In connection with baggage delay, you must report the delay to the airline within 21 days from when the baggage is received. Date of receipt of lost baggage (day/month/year)		
<b>Claimant</b>	<input type="checkbox"/> Illness/injury <input type="checkbox"/> Holiday compensation/replacement trip <input type="checkbox"/> Trip interruption <input type="checkbox"/> Missed departure <input type="checkbox"/> Repatriation <input type="checkbox"/> Patient escort <input type="checkbox"/> Travel accident insurance <input type="checkbox"/> Delayed flight <input type="checkbox"/> Compassionate visit <input type="checkbox"/> Delayed baggage <input type="checkbox"/> Cancellation <input type="checkbox"/> Other:		
	Name	Civil reg. no.	
	Address		
<b>Travel information</b>	Postal code	Town/City	
	Purpose <input type="checkbox"/> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Holiday and Business <input type="checkbox"/> Other:		
	In which country did the injury occur?		
	Date of departure (day/month/year)	Planned return (day/month/year)	
Please state all airlines used on the trip			

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<b>Only to be filled in in case of cancellation</b>	Purpose <input type="checkbox"/> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Holiday and Business <input type="checkbox"/> Other:		
	When was the trip booked? (day/month/year)		Destination/country
	Scheduled departure date (dag/måned/år)	Date of return (dag/måned/år)	Was the trip cancelled? <input type="checkbox"/> No <input type="checkbox"/> Yes, on:
<b>Details about the injury</b>	When did the injury/illness occur? (day/month/year)		Time (00.00-24.00)
	Date and time of the first medical visit (day/month/year)		Time (00.00-24.00)
	Date and time of any hospitalisation (day/month/year)		Time (00.00-24.00)
	In case of hospitalisation or bed rest/other prescribed rest and relaxation in and around the holiday accommodation on written doctor's orders, please state the period (documentation to be enclosed)		From (day/month/year) To (day/month/year)
	Any repatriation arranged by:		Date (day/month) Time (00.00-24.00)
<b>Other insurance cover/ cards</b>	Do you have any other travel 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, how much? DKK		
	Do you have insurance to which another payment 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
<b>Travel participants</b>	How is/was the claimant related to the policyholder? <input type="checkbox"/> Spouse/cohabitant <input type="checkbox"/> Child/son-in-law/daughter-in-law <input type="checkbox"/> Brother/sister <input type="checkbox"/> Brother-in-law/sister-in-law <input type="checkbox"/> Parents/parents-in-law <input type="checkbox"/> Grandparents <input type="checkbox"/> Travelling companion <input type="checkbox"/> Yourself		
	Did the cardholder participate in the trip? <input type="checkbox"/> No <input type="checkbox"/> Yes (travel certificate enclosed)		
<b>Medical information</b>	Name of the claimant's own doctor		Address
	Postal code	Town/City	Have you previously had the same symptoms/illness? <input type="checkbox"/> No <input type="checkbox"/> Yes, on (day/month/year):
<b>Police report</b>	Has the injury been reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Details about the incident</b>	Describe the incident in details: Longer description of the incident can be attached		
<b>Claim for compensation</b>  Remember to enclose original documentation for your claim for compensation	Statement of claim: Longer description of the incident can be attached		Currency:
			Amount:
<b>Bank details</b>	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 documentation must be enclosed:**

- Travel certificate/plane tickets.
- Original documentation for the claim for compensation, e.g. a medical certificate and medical bills.

**For holiday compensation, the following must be enclosed:**

- Documentation for the price of the trip (transport, hotel accommodation and other arrangements).
- Documentation from the treating doctor abroad, which must clearly state the period in which the claimant has been hospitalised/prescribed rest and relaxation in and around holiday accommodation on doctor's orders.

**For cancellation of trip, the following must be enclosed:**

- Documentation for the price of the trip (transport, hotel accommodation and other arrangements).
- Any documentation from the tour operator with a statement of reimbursement.

**For delayed baggage, the following must be enclosed:**

- Original documentation from the airline (PIR report).
- Original baggage receipt for each piece of checked-in baggage.