Gouda
En del af Gjensidige

Claim form
Cancellation - Flex Business

Please complete all fields and forward this form to Gouda Travel Insurance, A. C. Meyers Vaenge 9, 2450 Copenhagen SV, Denmark or scan it and send it as an email to claims@gouda.dk.

Your claim cannot be processed until we have received all relevant information.

1. Personal information

Company name:		Policy no.:
Name:		Gender:
Address:	City:	Postal code:
Country:	Date of birth/Social security no.:	Phone (home/mobile):
E-mail:		

2. Bank information

Please transfer the compensation to: Private bank account: ☐ Company bank account: ☐		
Danish bank account:	Reg. no.:	Account no.:
International bank account:	BIC/SWIFT code:	IBAN/Account no.:
Full name of account owner:		

3. Other insurance

Insurance company (home insurance):		Policy no.:		No home insurance: ☐	
Has the claim been reported to your home insurance company? Yes: ☐ No: ☐					
Which credit cards do you have (not applicable to Visa cards)?					
Mastercard: ☐	Diners: ☐	Amex: ☐	Eurocard: ☐	None: ☐	Other:
Which bank has issued the card?			Is it a private or a corporate card?		
Type of card (Platinum, Gold, Silver, etc.):			Card no.:		
Was the card used as payment for the trip? Yes: ☐ No: ☐			If yes, please enclose documentation		
Has the claim been reported to the credit card company? Yes: ☐ No: ☐					

4. Travel information

Departure (day/month/year):			Return date (day/month/year):			
Purpose of the journey?	Business: ☐	Holiday/ Business: ☐	Holiday: ☐	Study: ☐	Other:	

5. Reason for cancellation

Name of the person, who is ill or injured?	Date of birth/Social security no.:
Your relation to the above mentioned person:	
Illness/Injury - diagnosis:	
In case of death, please state cause:	
Other:	
Date of the incident that caused the cancellation (day/month/year):	

6. Cancellation of the journey

When was the journey canceled (day/month/year)?	
If the journey was not canceled immediately after the incident, please explain why:	
Please state your total loss regarding the cancellation of the journey (amount and currency):	Refund given e.g. from tour operator (amount and currency):

7. Other travel companions who have canceled the same journey

(and are covered by Gouda Cancellation Insurance)

Name:	Date of birth/Social security no.:
Name:	Date of birth/Social security no.:
Name:	Date of birth/Social security no.:
Name:	Date of birth/Social security no.:
Name:	Date of birth/Social security no.:
Name:	Date of birth/Social security no.:
Name:	Date of birth/Social security no.:

8. Signature

I hereby give my consent allowing:
- Gouda Travel Insurance to retrieve, use and release any information about me that Gouda Travel Insurance deems necessary in order to assess my claim for compensation
- Parties from whom Gouda Travel Insurance retrieves information to release the information requested by Gouda Travel Insurance.

From/to whom may (Gouda Travel Insurance) retrieve/release information?
- Hospitals, doctors and other authorized healthcare personnel
- Public authorities, e.g. municipalities, police and the National Board of Industrial Injuries
- Insurance companies, pension funds, The Danish Centre of Health & Insurance and The Patient Compensation Association
- My employer (only exchange of certain information).

What kind of information may be exchanged?
- Health data, including information on illness and information on contacts made to the healthcare system
- Information on social, financial and other matters
- To my employer: Name, civil registration number, and the fact that the matter concerns an insurance event
- From my employer: Work hours, absence due to illness, salary and special working conditions

The consent includes information until such time as Gouda Travel Insurance has reached a decision regarding my claim.

Period of validity, notification etc.
The consent is valid for one year. I may, at any time, withdraw my consent and/or have any false or misleading information rectified/deleted. The parties involved in my file will be informed of my consent.
I will be notified each time Gouda Travel Insurance retrieves information. I will be informed as to the reason for the retrieval, the nature of the retrieved and released information, the period which it concerns, and from whom the information is retrieved.

Date:	Signature:

If the insured is unable to sign the claim form, an authorised representative must sign the document:

Date:	Signature and date of birth/social security no.:

If the person who is ill or injured is not the insured, this person must also sign the document.
I hereby authorise that Gouda Travel Insurance may receive medical information about me:

Date:	Signature and date of birth/social security no.:

Gouda Travel Insurance • A.C. Meyers Vaenge 9 • DK-2450 Copenhagen SV • Phone: (+45) 88 88 81 60 • Fax: (+45) 88 20 88 21
E-mail: claims@gouda.dk • web: gouda.dk • CVR no. 33 25 92 47
A part of Gjensidige • Danish branch of Gjensidige Forsikring ASA, Norway • ORG no. 995 568 217

Medical certificate
Cancellation - Flex Business

Please fill in the form in capital letters.

Patient information:
(Filled in by the patient)

Name:	Date of birth/Social security no.:	Phone (home/mobile):
E-mail:		
Policy no.:	Company name:	

1. Information about the patient's health

Has an acute illness/injury occurred? Yes: ☐ No: ☐
Description of the course of the illness/injury:
When did the first symptoms occur regarding the illness/injury (day/month/year)?
When did the patient see a doctor for the first time regarding this illness/injury (day/month/year)?
Please indicate the patient's diagnosis: English:
Latin:

2. When was this examination made?

Date for the examination:	If relevant, please attach discharge summaries and examination results.

3. Signature

This certificate has been executed in accordance with my records, my knowledge about the patient, my questions to the patient as well as my examinations of the patient. I understand and accept that this medical certificate can be handed over to the patient by Gouda Travel Insurance.	
Date:	Doctor's signature:
Doctor's address/stamp:	CVR no.:

Please send the medical certificate to Gouda Travel Insurance, A.C. Meyers Vaenge 9, 2450 Copenhagen SV, Denmark, att.: Medical department, and mark the envelope "Certificate".

Gouda Travel Insurance • A.C. Meyers Vaenge 9 • DK-2450 Copenhagen SV • Phone: (+45) 88 88 81 60 • Fax: (+45) 88 20 88 21
E-mail: claims@gouda.dk • web: gouda.dk • CVR no. 33 25 92 47
A part of Gjensidige • Danish branch of Gjensidige Forsikring ASA, Norway • ORG no. 995 568 217