

# Claim form

## Expatriate Insurance

Please fill out all fields and forward it to Gouda Travel Insurance, A. C. Meyers Vænge 9, 2450 Copenhagen SV, Denmark or scan it and send it as an email to skade@gouda.dk. Please enclose original documentation.

Processing your claim cannot commence before we have received all relevant information.

### 1. Personal information

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

### 2. Bank information

Please transfer the compensation to (please tick off):			Private bank account: <input type="checkbox"/>	Company bank account: <input type="checkbox"/>
Danish bank account:	Reg.no.:	Account no.:		
International bank account:	Swift code:	IBAN no./Account number:		
Exact name of bank account owner:				

### 3. Nature of incident

(please give a detailed description of the incident)

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### 4. Medical information

Date and time of illness/injury	Have you experienced similar symptoms before your expatriation? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, when?	Name and contact information of your treating doctor at the time
Do you need further medical treatment or evaluation? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, what kind?	

## 5. Expenses

(please enclose original documentation)

Diagnosis	Nature of expense (doctor, medicine etc.)	Amount (currency)	Have you already paid?
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Total			

## 6. Loss, damage or delay of personal belongings

When did the incident occur (date/month/year):		In case of luggage delay, kindly state when the luggage was received (date/month/year/time)			
When did you notice the incident (date/month/year)					
To whom did you report the incident?					
Police	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Guide	<input type="checkbox"/>
		Gouda Alarm Centre	<input type="checkbox"/>	Airline/transportation company	<input type="checkbox"/>
Other	<input type="checkbox"/>				
Where were the items, when the incident happened?					
Car/Trunk	<input type="checkbox"/>	Car/Cabin	<input type="checkbox"/>	Train	<input type="checkbox"/>
		Airplane	<input type="checkbox"/>	Bus	<input type="checkbox"/>
		Apartment/Hotel room	<input type="checkbox"/>		
Other	<input type="checkbox"/>				
Was the luggage checked in/deposited?			If yes, with whom?		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was the storage area locked?		Where there any signs of forced entry?		If yes, which?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			

## 7. Lost/damaged items/replacement purchases (please enclose original documentation)

What did you lose/buy?	Date of purchase	Purchase price	Claim (local currency)	Claim (DKK)
Total				

## 8. Other insurance

Have you taken out local insurance? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Are you an active member of "Sygeforsikringen danmark"? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Do you have a credit card that includes travel insurance? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes if, please state card type and issuing bank/ card company:	Card number:
Has the claim been filed under the credit card insurance? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

## 9. Declaration of content

<p>I hereby give my consent allowing</p> <ul style="list-style-type: none"><li>• 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</li><li>• Parties from whom Gouda Travel Insurance retrieves information to release the information requested by Gouda Travel Insurance.</li></ul> <p>From/to whom may (Gouda Travel Insurance) retrieve/release information?</p> <ul style="list-style-type: none"><li>• Hospitals, doctors and other authorized healthcare personnel</li><li>• Public authorities, e.g. municipalities, police and the National Board of Industrial Injuries</li><li>• Insurance companies, pension funds, The Danish Centre of Health &amp; Insurance and The Patient Compensation Association</li><li>• My employer (only exchange of certain information).</li></ul> <p>What kind of information may be exchanged?</p> <ul style="list-style-type: none"><li>• Health data, including information on illness and information on contacts made to the healthcare system,</li><li>• Information on social, financial and other matters</li><li>• To my employer: Name, civil registration number, and the fact that the matter concerns an insurance event</li><li>• From my employer: Work hours, absence due to illness, salary and special working conditions</li></ul> <p>The consent includes information until such time as (company name) has reached a decision regarding my claim.</p> <p>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.</p>	
Date:	Signature: