Gouda
Part of Gjensidige

Claim form

Please fill in all spaces and forward it to Gouda Travel Insurance, A. C. Meyers Vaenge 9, 2450 Copenhagen SV, Denmark or scan it and send it as an e-mail to claims@gouda.dk.

Processing your claim cannot commence before 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.:
Complete 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 card do you have (does not apply for Visa card)?					
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. Coverage

Medical/Repatriation: ☐	Accident/Assault: ☐	Holiday compensation: ☐	Dental treatment: ☐	Curtailment: ☐
Escort and summoning: ☐	Missed departure: ☐	Personal security: ☐	Excess when renting motor vehicles: ☐	Other:

6. Information about the incident

When did the incident occur (day/month/year)?	Where did the incident take place (country and city)?
Please describe the incident as detailed as possible:	

7. Illness/Injury

Initial consultation (day/month/year):	Hospitalisation: from: to:	Fit for duty (day/month/year):
Diagnosis/description of symptoms:		
Have you previously suffered from the same illness/experienced the same symptoms? Yes: ☐ No: ☐		
If yes, when?		
Did you present the European Health Insurance Card at the clinic/hospital (does not apply for journeys outside the EU)? Yes: ☐ No: ☐		
If your claim concerns dental treatment, please state your latest dental consultation (day/month/year):		
Contact information to your general practitioner/dentist:		

8. Expenses

(Please enclose original documentation)

Expense (Physician, medicine, transportation, food, accomodation, etc.):	Date:	Expense (local currency):	Expense (DKK):	Have you already paid?
				Yes: ☐ No: ☐
				Yes: ☐ No: ☐
				Yes: ☐ No: ☐
				Yes: ☐ No: ☐
				Yes: ☐ No: ☐
				Yes: ☐ No: ☐
				Yes: ☐ No: ☐
				Yes: ☐ No: ☐
				Yes: ☐ No: ☐
Total				

9. 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:

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