

# Claim form

## Luggage & Luggage delay

Please fill in all fields and forward it 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](mailto:claims@gouda.dk). Please enclose original documentation.

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: <input type="checkbox"/>		Company bank account: <input type="checkbox"/>
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: <input type="checkbox"/>
Has the claim been reported to your home insurance company?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Which credit card do you have (does not apply for Visa card)?		
Mastercard: <input type="checkbox"/>	Diners: <input type="checkbox"/>	Amex: <input type="checkbox"/>
Eurocard: <input type="checkbox"/>	None: <input type="checkbox"/>	Other: <input type="checkbox"/>
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: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, please enclose documentation	
Has the claim been reported to the credit card company?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>

## 4. Travel information

Departure (day/month/year):			Return date (day/month/year):		
Purpose of the journey?	Business: <input type="checkbox"/>	Holiday/ Business: <input type="checkbox"/>	Holiday: <input type="checkbox"/>	Study: <input type="checkbox"/>	Other:

## 5. Luggage delay

(Original PIR-report, receipts, e-ticket/boarding cards and luggage tags must be forwarded/enclosed by postal service)

When did the luggage delay occur (day/month/year)?	When was the luggage delivered to you (time/day/month/year)?
Have you applied for compensation with the airline? <span style="float: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></span>	
Have you received any compensation from the airline? <span style="float: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></span>	If yes, please note amount and currency:

## 6. Theft/Loss/Damage

(Original report from airline, police and other authorities must be forwarded/enclosed by postal service)

When did the incident occur (day/month/year)?	Where did the incident take place (country and city)?				
When did you notice the incident (day/month/year)?					
Please describe the incident in details (please attach a separate description if necessary):					
To whom did you report the incident?					
Police: <input type="checkbox"/>	Hotel: <input type="checkbox"/>	Guide: <input type="checkbox"/>	Gouda Alarm: <input type="checkbox"/>	Airline/Transportation company: <input type="checkbox"/>	Other:
Where were the items, when the incident happened?					
Car: <input type="checkbox"/>	Train: <input type="checkbox"/>	Airline: <input type="checkbox"/>	Bus: <input type="checkbox"/>	Apartment/Hotel room: <input type="checkbox"/>	Other:
Was the luggage checked in/deposited? <span style="float: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></span>					
If yes, with whom?					
Was the storage area locked? <span style="float: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></span>					
Were there any signs of forced entry? <span style="float: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></span>					
If yes, which?					

## 7. Lost/Damaged items/Replacement purchases

(Please enclose/forward original documentation by postal service)

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

## 8. Signature

I hereby give my consent for Gouda Travel Insurance to collect all relevant information and upon payment of compensation subrogate into my rights against any third party (ex. airline or insurance company)	
Date:	Signature:

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