Business Travel Insurance

Claim form for baggage etc.

Policy No. Claim No.

The claim for compensation is regarding (please tick off the box) Baggage delay Damaged items Delayed flights/cancellation of flights Theft Lost baggage Missed departure What is your job title? Name of your firm First name, surname Date of birth (CPR No.) Street address Postal code. City Email Phone: Mobile Work Home Credit card and insurance details This information is a condition for handling your claim. What kind of credit card do you have (e.g. MasterCard, Eurocard, Globecard)? Is the credit card issued by a bank? Danske Bank Nordea Other: Card No.: Did you purchase your journey using your credit card? Yes No Is your claim reported to the credit card company? No I do not have a credit card (tick off) Other insurance In which insurance company have you taken out your house contents insurance? Company: Policy No.: Is your claim reported to the insurance company? Yes No Travel details Date of departure Date of return Destination (city and country) What is the purpose of your journey? Airline company/travel agent Where and when did the claim occur? Date Time Location (city and country) Description of what happened – as detailed as possible (please enclose further description or sketch) Has the claim been reported to the police/hotel manager/airline company etc.? (please enclose report) If no, why not? Witnesses Were there any witnesses who can confirm the incident? Name(s) and address(es) To be filled out if your baggage was delayed When did you arrive at your destination? Time Date When was your baggage delivered to you? Time Date Receipts for your replacement purchases, the confirmation issued by the airline company (P.I.R.) and ticket (s) or itinerary must be enclosed along with your claim form. In the event of baggage delay upon arrival to your country of residence, documentation for the scheduled new journey



must be enclosed.

To be filled out if your flight was delayed or	cancelled				
When was your flight supposed to depart?	Time	Date		,	
When did you flight depart?	Time	Date			
What was the reason for the delay/cancellation	1?				
In the event of delayed or cancelled flights, receipts, itinerary and documentation from the airline confirming the delay/cancellation must be enclosed along with your claim form.					
To be filled out if you missed your departure	2				
When did you arrive at the airport?	Time	Date			
When did your flight depart?	Time	Date			
What was the reason for the delay?					
In the event of missed departure, unused tickets, receipts, itinerary and documentation from the airline confirming the delay cancellation must be enclosed along with your claim form.					
To be filled out if your claim is regarding theft					
Was the room/place of storage locked? Yes	No	If yes, are there any \	visible signs of use	of forced entry?	Yes No
Describe the signs					
Was the car locked? Yes	No	If yes, are there any \	visible signs of use	of forced entry?	Yes No
Describe the signs			Car t	orand	
Alarm centre					
Has Europæiske's alarm centre been notified ab	oout the claim?	Yes	No If ye	s, case No.	
Has Europæiske's service offices (Euro-Center)	been notified about the	e claim? Yes	No If ye	s, case No.	
Compensation claimed					
Documentation stating price and date of purchase must be enclosed for each claimed item. For claims regarding baggage delay, receipts for replacement purchases must be enclosed.					
Description of items If the space below is inadequate, please enclos	e a senarate list			thase	Amount claimed
The space below is inadequate, pieuse cricios	e a separate list		Price	Date	(state currency)
Ownership					
Do the items belong to You? Yes	No Your firm	? Yes No	Is the owner	VAT-registered?	Yes No
Method of payment					
The compensation will be transferred to bank account which belongs to Your firm You					
Bank reg. No. and account No.					
IBAN No. Swif					
Name and address of the bank					
Signature etc.					
I hereby give my consent/power of attorney to Europæiske to procure and forward information about this claim form and to the police, public authorities, other insurance companies, Ankenævnet for forsikring etc. The consent/power of attorney only covers this claim. I declare that all the statements in this claim form are correct and that I have not concealed anything. I understand that providing incorrect information will forfeit the claim and may result in termination of the insurance.					
				Date	
Insured's signature					
				Date	
Signed and stamped on behalf of the firm					

