

# Danish government employees travel insurance

## Claim form for baggage etc.

Insurance card No.:

ERGO Alarm No.:

Before filling in this form, we would ask you to note that the information you provide forms the basis for our processing of your claim for compensation. Our aim is to provide a high level of individual service. It is thus important that you fill in all the boxes in the Claims Form and send us original receipts, certificates, etc. If there are special factors which are not adequately covered by the various sections of this form, please let us have the details on a separate sheet of paper, or in letter form.

**Please sign the claims form along with the institution in whose interest you are travelling and forward it to ERGO Forsikrings attention the claims department.**

<b>Claim under Policy section(s) (please tick off)</b>			
Delayed Baggage/replacement purchases		Damage	Lost/mislayed baggage
Theft		Personal liability/Legal aid	
Name of firm/organisation:		Your position/title at the institution:	
First name(s), surname:			Civil Registration (CPR) No.:
Private address:		Postal code:	City/town/country:
Email:	Phone: Mobile:	Private:	Office:
<b>Details of journey</b>			
Date of departure:	Scheduled date of return:		Destination:
Purpose of journey:			Airline company:
<b>What happened?</b>			
Where and when did the loss or damage occur? Date: Time: Location:			
Description of what happened – as detailed as possible (if relevant, please use a separate sheet of paper):			
<b>Police report etc.</b>			
Has the loss or damage been reported to the police/hotel management/airline company etc.? (please enclose original report)			
Yes No If no, why?			
<b>Witnesses</b>			
Were there any witnesses who can confirm your account?			
Yes No Name(s) and address(es):			
<b>For delayed baggage claims</b>			
When did you arrive at your destination?		Time:	Date:
When was your baggage delivered to you?		Time:	Date:
Original receipts for your replacement purchases must be attached, along with the original of the confirmation issued by the airline company (the "PIR" report).			
<b>For theft claims</b>			
Were the premises/place of storage locked?		Yes	No
Was the car/vehicle locked? Yes No		If yes, are there any visible signs of forced entry? Yes No	
Describe the signs of forced entry:			
In case of burglary on car, please state car brand:			

Insurance company:	Policy No.:		
<b>Compensation claimed</b>			
Documentation for claimed goods must be attached: receipts, stating price, and date of purchase.			
Description of items If the space below is inadequate, please send a separate list.	Purchase (claimed goods)		Your claim (DKK)
	Price (DKK)	Date	
Has ERGO Forsikring paid an amount on account in connection with the above claim?			
Yes	No	DKK:	Paid (date):
			By:
Has the claim been reported to ERGO Forsikring's local service office (Euro Center)?			
Yes	No	If yes, please state case No.:	
<b>Ownership</b>			
Are the items:	Your own?	Yes	No
	The Institution's?	Yes	No
	Is the owner VAT-registered?	Yes	No
<b>Other insurance</b>			
In which insurance company have you taken out your General Householder's/Contents policy?			
Company:		Policy No.:	
Has the claim been reported to this company?    Yes    No			
Do you have one or more creditcards?    Yes    No			
Company:		Card No.:	
Company:		Card No.:	
If the claim has been reported to a creditcard company, please state which:			
<b>Method of payment</b>			
The compensation is requested to be transferred to bank or giro account which belongs to:		The institution	You
If payment to the institution please state EAN No.:			
Bank Reg. No. and Account No.:		Giro Account No.:	
EAN No. (if payment to the institution):			
Name and address of the bank:			
<b>Signature etc.</b>			
I hereby declare that the given information is true. I am aware that ERGO Forsikring's coverage can be reduced or waived according to law, if I state untrue information.			
I hereby give my consent to ERGO Forsikring to collect, use and keep my personal information and to disclose this information to police, public authorities, insurance companies, airlines, The Insurance Complaints Board etc. The consent/power of attorney only covers this claim. Remember that you, at any time, can withdraw your consent by contacting ERGO Forsikring and stop any future use of your consent. Read more about your rights on our website at <a href="http://www.erv.dk">www.erv.dk</a> under "Data Protection Policy".			
Please note, that withdrawing your consent may influence our capability to process your application and that we are bound by rules and legislation regarding storing and filing of your data from the time you conclude a valid insurance contract with us.			
Signature of the Insured		Date	Signed and stamped on behalf of the company/organisation    Date