

Policy No.:

Claim No.:

(Filled out by ERGO Forsikring)

# Corporate Benefit Plan

## Claim Form for Household contents/baggage etc.

<b>The claim for compensation is regarding (please tick off the box)</b>			
Baggage delay	Damaged items	Delayed flight/cancellation of flights	Household contents
Theft	Lost baggage	Missed departure	
Name of your company:		Your job title:	
First name and surname:		Date of birth (CPR No.):	
Street address:		Phone - mobile:	Phone:
Postal code:	City/country:	Email:	
<b>What happened?</b>			
Where and when did the claim occur?	Date:	Time:	Location (city and country):
When did you notice the claim?	Date:	Time:	
Description of what happened – as detailed as possible (please enclose further description or sketch):			
<b>To be filled out if you had burglary/theft</b>			
Was the room/place of storage locked?	Yes	No	If yes, are there any visible signs of use of force
			Yes
			No
Describe the signs:			
Who had the keys?			
Was the house unoccupied?	Yes	No	If yes, for how long?
Was the car locked?	Yes	No	If yes, are there any visible signs of use of force
			Yes
			No
Describe the signs:			
Car brand:			
Where were the stolen items placed?	In the cabin	In a separated locked boot?	If in another place, where?
<b>Police report etc.</b>			
Has the claim been reported to the police/hotel manager/airline company etc.? (please enclose original report)			
Yes	No	If no, why not?	
<b>Witnesses</b>			
Were there any witnesses who can confirm the incident?			
Yes	No	Name(s) and address(es):	
<b>Travel details (to be filled out if the claim occurred during travel)</b>			
Date of departure:	Date of return:	The purpose of your journey:	
Destination (city and country):		Airline company/travel agent:	
<b>To be filled out if your baggage was delayed</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, the original confirmation issued by the airline company (P.I.R.) and ticket(s) or itinerary must be enclosed along with your claim form.			

**To be filled out if your flight was delayed or cancelled**

When was your flight supposed to departure? Time: Date:

When did your flight departure? Time: Date:

What was the reason for the delay/cancellation?

In the event of delayed or cancelled flights, original 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**

When did you arrive at the airport? Time: Date:

When did your flight departure? Time: Date:

What was the reason for the delay?

In the event of missed departure, original unused tickets, original receipts, itinerary and documentation from the airline confirming the delay/cancellation must be enclosed along with your claim form.

**Credit card and insurance details**

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.: Is your claim reported to the credit card company? Yes No

I do not have a credit card Did you purchase your journey using your credit card? Yes No

**Other insurance**

In which insurance company have you taken out house contents insurance?

Company: Policy No.: Is your claim reported to the insurance company? Yes No

**Alarm centre**

Has ERGO Forsikring's alarm centre been notified about the claim? If yes, case No.:

Has ERGO Forsikring's service offices (Euro-Center) been notified about the claim? If yes, case No.:

**Compensation claimed**

Documentation stating price and date of purchase must be enclosed for each claimed item. For claims regarding baggage delay, original receipts for replacement purchases must be enclosed.

Description of items. If the space below is inadequate, please enclose a separate list.	Purchase		Amount claimed (please state currency)
	Price	Date	

**Ownership**

Do the items belong to you? Yes No Your company? Yes No Is the owner VAT-registered? Yes No

**Method of payment**

Bank reg. No. and account No.: IBAN No:

Name and address of the bank: Swift code:

**Signature**

I hereby declare that the given information is true. I am aware that ERGO Forsikrings'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 [www.erv.dk](http://www.erv.dk) 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:     /     20