

Claim form for baggage etc.

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 Europæiske ERV attention the claims department

Claim under Policy section(s) (please tick off ✓)					
Delayed Baggage/replacement purchases Theft		Damage Personal liability/Legal aid		Lost/mislayed baggage	
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	
Details of journey					
Date of departure		Scheduled date of return		Destination	
Purpose of journey				Airline company	
What happened?					
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)					
Police report etc.					
Has the loss or damage been reported to the police/hotel management/airline company etc.? (please enclose original report)					
Yes	No	If no, why?			
Witnesses					
Were there any witnesses who can confirm your account?					
Yes	No	Name(s) and address(es)			
For delayed baggage claims					
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).					
For theft claims					
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.:	

Compensation claimed			
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 Europæiske ERV paid an amount on account in connection with the above claim?			
Yes	No	DKK:	Paid (date) By
Has the claim been reported to Europæiske ERV's local service office (Euro Center)?			
Yes	No	If yes, please state case No.	
Ownership			
Are the items:	Your own?	Yes	No
	The Institution's?	Yes	No
	Is the owner VAT-registered?	Yes	No
Other insurance			
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:			
Method of payment			
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			
Signature etc.			
I hereby accept that Europæiske ERV procures information about the state of my health with a view to obtaining the information necessary for the evaluation of the insurance event and for the assessment of the claim. My acceptance solely comprises medical reports from the date on which the policy came into force and until the final assessment date of the benefit. When supplementary medical records are issued by physicians, a special declaration is used, supplemented - at Europæiske ERV's request - with a copy or an extract of relevant case records. The reports can be procured from authorised persons within the health care sector, hospitals and health care institutions, public authorities and insurance companies/pension funds. Other insurance companies, pension funds, the Danish Industrial Injuries Compensation Board, and other authorised persons within the health care sector, involved in the case, are allowed to become acquainted with the medical records procured. I furthermore accept that information is procured from the Danish Industrial Injuries Compensation Board during the Board's evaluation.			
Insured's signature		Date	
		Date	
Signed and stamped on behalf of the firm/organisation			