

Danish Government Employees Travel Insurance Insurance card No.:

Claims Form for Medical Expenses, etc. ERGO Alarm No.:

Before filling in this form, please note that the information you provide will form the basis for our processing of your claim. If there are special circumstances which are not adequately covered by the various sections of this form, please let us have the details on a separate sheet of paper together with this form.

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

Claim under Policy Section(s) (please tick off the box)			
Repatriation/Escort/Summoning	Curtailment/Replacement Employee	Life Insurance/Disablement (Illness)	
Illness/injury	Dental treatment	Personal Accident	
Name of firm/organisation:		Your position/title at the institution:	
Your first name(s), surname:		Personal identification (CPR) No.:	
Private address:		Postal code:	City/town/country:
E-mail:	Phone: Mobile:	Private:	Office:
Details of Journey			
Date of departure:	Scheduled date of return:	Destination:	
Purpose of journey?		Airline company:	
What happened?			
When and where did the injury occur?	Date:	Time:	Place:
Description of what happened - as detailed as possible. (If relevant, please use a separate sheet of paper or sketch.)			
For Personal Accident or Assault			
Were there any witnesses to the incident?			
Yes	No	Name and address:	
Has a police report been compiled?			
Yes	No	If not, why not?	
For Curtailment			
What/who was the cause of the curtailment?			
How is/was the person related to you?			
Please attach documentation for the curtailment such as medical journal or death certificate along with documentation for the expenses claimed.			
Details of treatment			
Dates on which you consulted/were treated by a physician:		Dates of hospitalisation:	
Diagnosis/description of illness:			
Have you previously been treated for the same illness?			
Yes	No	If yes, state the date on which you last received treatment:	
Has the incident been reported to ERGO's local office, Euro-Center)?		Yes	No
		If yes, please state case No.:	
Were you repatriated?	Yes	No	If yes, when?

Your general practitioner/dentist: Name:		Phone No.:	
Address:		Postal code/city:	
Compensation claimed			
Please attach original documentation Expenses incurred on account of the illness/injury:		Foreign currency	DKK
			Compensation is to be paid directly to creditors outside Denmark (Tick off the box for Yes)
Physician's/dentist's fees	Number of treatments/consultations:		
Medicine prescribed by a physician			
Transport expenses			
Hospitalisation	Number of days:		
Extra hotel expenses Prescribed by a physician? Yes No (If yes, please attach original documentation)	Number of days:		
Other extra expenses incurred in connection with the (illness/injury)	Please specify:		
Expenses incurred in connection with Escort/Summoning	Please specify:		
Has an amount on account been paid in connection with the above claim?			
Yes	No	DKK:	Paid out (date):
		Paid by:	
Other insurance			
The institution's Industrial Injuries insurance?			
Company:		Policy No.:	
Has the claim been reported to this company? Yes No			
With which insurance company have you taken out a personal accident/health insurance policy?			
Company:		Policy No.:	
Has the claim been reported to this company? Yes No			
Method of payment			
The compensation is requested to be transferred to bank or giro account which belong to: The Institution You			
If payment to the institution please state EAN No.:			
Bank Reg.No. and Account No.:		Giro Account No.:	
Iban No.:			
Name and address of the bank:			
Signature etc.			
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 health information and to disclose this health information to authorised persons within the health care sector, hospitals and health care institutions, public authorities, insurance companies/pension funds, The Insurance Complaints Board, Labour Market Insurance 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 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:	