

Section G: Claims Form

This Claims Form should always be submitted to Gouda Travel Insurance if you have an insurance claim.
Please send the Claims Form to: **Gouda Travel Insurance, Sejrøgade 7, 2100 Copenhagen Ø, Denmark.**

If further space is required, write additional information on a separate sheet of paper and attach it to this Claims Form.

Claims number (filled out by Gouda): _____

1 Personal Information

Name: _____ Telephone: _____
 _____ Telephone: _____
 Address: _____ E-mail: _____
 City & Zip: _____ Birthdate: _____

2 Policy

Number: _____

3 Incident

Detailed description (course of events/extent of damage, etc.): _____

Under which coverage does the claim belong (the numbers below refer to the categories on the Claims Form that have to be filled out. Remember that category 1 to 4 and 7 to 9 must always be filled out).

- Illness/Repatriation (5) Baggage (6) Accident (5+8)
 Summoning (5+8) Baggage delay (6+8) Assault (5+8)
 Call Home (5+8) Legal Aid and Bonding (8) Third Party Liability (8)

4 Travel and stay

Departure: ___/___/___ Return: ___/___/___ (planned) Plane/Ship/Train/Car: _____
 Address abroad: _____
 Telephone: _____ Telefax: _____

5 Illness/Accident & Repatriation, etc.

Date and onset of illness/accident: ___/___/___ First doctors visit: ___/___/___ Recovery: ___/___/___
 Hospital stay: _____ Check in: ___/___/___ Check out: ___/___/___
 Have you suffered from the same symptoms at an earlier time: Yes No
 When: _____
 Name and address of your own physician (home country): _____
 Name and address of physician (host country): _____
 Diagnosis/type of illness/accident:
 1. _____ 2. _____ 3. _____

Treatment(s)

Diagnosis: (see 1/2/3 above)	Expenses: (Treatment/ambulance transport/traveling and stay expenses)	Total: (currency)	Paid:	
			Yes	No

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6 Baggage

When was the damage noticed: _____ Where did the damage occur (if different): _____

To whom was the damage reported:

Police Transportation company Hotel Guide Other: _____

Witnesses: _____

Where were the items when the damage occurred:

Car Train Ship Plane Hotel Private accommodations

Other: _____

Was the baggage checked in/deposited: Yes No With whom: _____

Was the place of storage locked: Yes No

Items: (attach original receipts - remember to list currency)	Date purchased	Purchase price:	Value prior to damage:	Claim:

7 Other Insurance(s)

Do you have other home/private insurance coverage : Yes No

Type: _____ Company: _____ Policy no.: _____

Has the claim been reported: Yes No

8 Third Party Verification

The undersigned:

Hospital Physician Hotel Tour guide Other: _____

possesses knowledge regarding the above described claim, and can be contacted in this respect.

Name: _____

Address: _____

Date: _____ Telephone: _____

Signature: _____

9 Compensation Payment

Where do you wish the payment to be sent:

to my parents in Denmark:

Name: _____

Address: _____

Postno. _____ City : _____

to my own bank account in Denmark:

Registration and account number: _____

to my bank account in my host country. FULLY name and address of the bank (required):

Name: _____

Address: _____

City & Zip: _____

Registration and account number: _____ Swiftcode (required): _____

Signature

I declare to the best of my knowledge that the information on this Claim Form is correct and herewith give permission to Gouda Rejseforsikring to request and receive any necessary medical information required on my behalf:

Date: _____

Signature: _____

Always remember to attach all original documentation for any claim(s) made.