

## 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: \_\_\_\_\_  
 \_\_\_\_\_ Telefax: \_\_\_\_\_  
 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+6)  
 Summoning (5+8)       Baggage delay (6+8)       Assault (5+8)  
 Call Home (5+8)       Legal Aid and Bonding (8)       Third Party Liability (9)

**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 accomodations

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: \_\_\_\_\_

### 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.**