

Claim form

Luggage delay

The following must be enclosed:

- Travel certificate / airline tickets.
- Original documentation from the airline company (PIR-report).
- Original receipts and specification of the purchase made.

Please remember to assess and specify your claim for compensation per person

- E.g. "2 pairs of socks, Mads, USD 5.00".

Policy Number:		Company/Division:	
Important!		If you do not provide the necessary information and receipts, it will prolong the handling of the case, because it will be necessary to ask you further questions and await the receipt of the enclosures.	
Policyholder/ Employee	Name:		Date of birth:
	Address:		
	Postal code and city:		
	Telephone:	E-mail:	
Injured party	Name:		
	Address:		
	Postal code and city:		
Information about the trip/Expat	Purpose: <input type="checkbox"/> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Holiday and business <input type="checkbox"/> Expat <input type="checkbox"/> Other: _____		
	Date of departure: ____ / ____ year ____ at ____		Planned return: ____ / ____ year ____ at ____
	Date of Expat: ____ / ____ year ____ at ____		Expat end: ____ / ____ year ____ at ____
	Tour operator: _____ Airline company: _____		
Purchase of the trip	When did the loss occur? _____ / ____ year ____ at (0-24): ____		
	In which country did the loss occur? _____		
Other insurance/ credit card	Did you take out other travel insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes - please Insurance company and policy number:		
	Company: _____ Policy no.: _____ Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Did you take out other insurance attached to a credit card (e.g. Mastercard, Eurocard, Diners etc.)?		
	Type of credit card: _____	Card no: _____	
Information about the loss	Type of credit card: _____		
	Card no. _____		
	Please describe the event in detail:		
Please enclose separate specification, if necessary.			

Notification to the airline company	Did you report the event to the airline company? <input type="checkbox"/> Yes (enclose original report) <input type="checkbox"/> No Did the airline company pay compensation? <input type="checkbox"/> Yes - how much? _____ <input type="checkbox"/> No <i>We point out that we will contact the airline company to have the information confirmed, for us to include the correct amount the stated for the damages</i> Has the missed luggage been delivered back to you? <input type="checkbox"/> Yes, on ____ / ____ year ____ at. ____ <input type="checkbox"/> No				
Compensation claim <i>Please remember to enclose original receipts of the purchase</i>	Statement of the claim – The expenses MUST be specified in detail. Please see the below example:				
	PERSON:	DATE:	EXPENSES FOR PURCHASE OF:	CURRENCY	AMOUNT
	<i>Example: Mads</i>	<i>01.06.07</i>	<i>2 pairs of socks</i>	<i>USD</i>	<i>5.00</i>
	<i>If needed, separate specification can be enclosed.</i>				Total:
Important!	We point out that the following must be enclosed: original receipts of purchase, travel certificate/ airline tickets and original report from the airline company (PIR-report).				
Bank information if you have a Danish account	Compensation should be paid out to: <input type="checkbox"/> Claimant <input type="checkbox"/> The company _____ Name of account holder Reg. no. Account no.				
Bank information if you have a Foreign (not Danish) account	Name of account holder: _____ Account holder's address as registered in the bank (not necessarily the same as resident): _____ _____ SWIFT CODE: _____ IBAN-number: _____ Bank account number: _____				
Signature	I hereby declare on oath that all of the above given information is truthful. Please note that the delivery of incorrect or insufficient information may lead to cancellation or limitation in your insurance company's obligation to provide compensation. Transfer of claim In case of full reimbursement from SOS International on behalf of my insurance company, I hereby consent that SOS International subrogates in all rights and claims against third parties and national and foreign authorities, airline companies and/or travel agencies regarding this matter. Signature: _____ Date: _____				

The claim form is to be sent to: corporateclaims@sos.eu or SOS International a/s, Nitivej 6, DK-2000 Frederiksberg