

# Claim form

Illness, injury etc.

**In case of illness / injury the following must be enclosed:**

- Travel certificate / airline tickets.
- Original documentation for the claim for compensation, e.g. medical reports and medical bills.

**In case of compensation trip / holiday compensation the following must be enclosed:**

- Travel certificate / airline tickets.
- Documentation for the price of the trip (transport, hotel stays and other arrangements).
- Documentation from the attending physician abroad.

**Please remember always to assess and specify your claim for compensation:**

- e.g.. "Medical visit due to ear ache for Mads, USD 70".

Policy number:		Company/Division:	
<b>Important!</b>		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.	
<b>The claim concerns</b>	<input type="checkbox"/> Illness/injury	<input type="checkbox"/> Accompaniment	<input type="checkbox"/> Accident
	<input type="checkbox"/> _____	<input type="checkbox"/> Recall	<input type="checkbox"/> Summoning
<b>Policyholder/ Employee</b>	Name:		Date of birth:
	Address:		
	Postal code and city:		
	Telephone:	E-mail:	
<b>Injured party</b>	Name:		Date of birth:
	Address:		
	Postal code and city:		
<b>Information about the trip/Expat</b>	Purpose: <input type="checkbox"/> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Holiday and business <input type="checkbox"/> Expat <input type="checkbox"/> Other: _____		
	Country of injury? _____		
	Departure/Expat date: ____/____ year ____ at ____		
	Planned return/Expat end: ____/____ year ____ at ____		
<b>Information about the claim</b>	When did the injury/illness occur? ____/____ year ____ at (0-24): ____		
	Date and time of first medical visit: ____/____ year ____ at (0-24): ____		
	Date and time of hospitalisation, if any: ____/____ year ____ at (0-24): ____		
	Repatriation, if any arranged by: _____ on ____/____ year ____ at (0-24): ____		
<b>Other insurance/ credit card</b>	Did you take out other travel insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes - state 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: _____		
<b>Travel companions</b>	Type of credit card: _____ Card no: _____		
	How is/was the injured person related to the policyholder?		
<b>Police report</b>	<input type="checkbox"/> Spouse/cohabiting partner <input type="checkbox"/> Parent/parent-in-law <input type="checkbox"/> Child/Child-in-law/grandchild		
	<input type="checkbox"/> Sister/brother-in-law <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother/sister <input type="checkbox"/> Travel companion		
<b>Police report</b>	Was the incident reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Blood test? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Medical information</b>	Injured person's own doctor:		
	Address:		
	Postal code:	City:	
	Did you previously suffer from the same symptoms/conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes, on ____ / ____ year ____		
<b>To be filled in <u>only</u> in case of accidents:</b>	Cause of injury? _____		
	Which body parts were injured? _____		
	Was the injured person under the influence of liquor or other drugs when the accident took place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the claim been reported to another accident insurance company? <input type="checkbox"/> Yes, company: _____ Policy number : _____ <input type="checkbox"/> No		
<b>Information about the claim:</b> - symptoms - diagnosis  <b>In injury-cases please describe the event.</b>	<b>Please describe the incident in detail:</b>		
	<i>Please enclose separate statement, if necessary.</i>		
<b>Claim for compensation</b>  <i>Please remember to enclose documentation of the claim for compensation</i>	<b>Statement of the claim:</b>	<b>Currency:</b>	<b>Amount:</b>
	<i>Please enclose separate statement, if necessary.</i>		
<b>Important!</b>	<b>We point out that the compensation claim must be documented, and that travel certificate / airline tickets must be enclosed. All bills and medical reports must be enclosed in original.</b>		

<b>Bank information if you have a Danish account</b>	Compensation should be paid out to: <input type="checkbox"/> Claimant <input type="checkbox"/> The company  _____ <table border="1" data-bbox="802 91 995 141"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <table border="1" data-bbox="1018 91 1505 141"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> Name of Account holder                      Reg. no.                      Account no.																				
<b>Bank information if you have a Foreign (not Danish) account</b>	Name of account holder: _____  Account holder's address as registered in the bank (not necessarily the same as resident): _____ _____  SWIFT CODE: _____  IBAN-nr.: _____  Bank Account number: _____																				
<b>Signature</b>	I hereby declare on oath that all 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.  <b>Transfer of claim</b>  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 of the injured party: _____ Date: _____																				
<b>The notification is to be sent to: <a href="mailto:corporateclaims@sos.eu">corporateclaims@sos.eu</a> or SOS International a/s, Nitvej 6, DK-2000 Frederiksberg</b>																					

Notice updated, November 2018

## INFORMATION ABOUT YOUR CONSENT

### **Reasons to give your consent**

When you claim payout from an insurance company, you have an obligation, pursuant to the Danish Insurance Contracts Act, to provide your insurance company with all available and relevant information. SOS International handles the case on behalf of your insurance company. You are therefore obliged to provide SOS International with any information that may be relevant to the assessment of your case and the determination of the amount of insurance coverage.

To assess the request for insurance payout, the insurance company shall have information about your accident, your illness or any other incident, which justifies the insurance payout claim. Usually there is a need for information about your illness, possible treatment etc. There may also be a need for information from before the accident/illness to assess whether the current condition is due to circumstances of no relevance to the insurance policy.

In many cases, it is possible that the insurance company is not satisfied with the information listed in your request for payout. Past information can be difficult to remember. This applies in particular to information of e.g. medical nature. The company therefore needs such information to be obtained from sources that are familiar with the circumstances and have documentation for the information in records, files etc.

Only information that is relevant to the insurance company's case handling may be obtained.

### **Insurance payout**

According to the law, you are entitled to benefits from your insurance 14 days after SOS International has received all information necessary for us to assess the case and determine the amount of your insurance payout. This follows from the Danish Insurance Contracts Act.

### **Personal physicians may disclose health information etc.**

Your physician may, with your consent, disclose information about your health, about other private circumstances and other confidential information. This follows the Danish Act on Health.

### **You can always withdraw your consent**

Your consent is valid for one year after you have given it. A copy of this consent will be given to anyone from whom SOS International wishes to receive health information etc. If you regret giving your consent, you can always choose to withdraw it by contacting SOS International using the contact information below. If you withdraw your consent, this will only affect the processing of your personal data forward.

### **You will be notified each time SOS collects information**

Each time SOS International collects specific health information etc., you will be notified about why the information is requested, what information is obtained, exactly for what period and from whom we wish to obtain the information.

### **Processing of personal data**

Your insurance company and SOS International process your personal data in accordance with data protection legislation, including EU's General Data Protection Regulation.

Pursuant to data protection regulations, you have the right to receive information about and to object to the processing of your personal data. Upon request you have the right to correct, erase or block data that is incorrect, misleading or processed in violation of the law. In addition, you have the right to data portability.

If you want to exercise your rights, you can contact SOS International via our website:  
<https://www.sos.eu/da/selvbetjening/>

If you have questions concerning the processing of personal data in connection with your insurance, please contact your insurance company.

See the declaration of consent on page 5-6.

# Consent - When you get injured or sick

## (Based on FP 012 and FP 021 consent: Travel insurance)

By signing, I agree that in connection with the processing of my case on behalf of my insurance company, SOS International may collect, use and disclose the information relevant to the company's handling of my case.

SOS International gathers information to assess whether I am entitled to compensation. In this connection, SOS International must provide information to identify me (e.g. national identification number) and relevant information about my insurance case and my health to the parties from whom the company obtains information. SOS International specifies which information is relevant to those from whom information is obtained.

### **From whom can information be obtained?**

With this consent, SOS International may, for a year from the date of my signing, obtain relevant information from the following parties:

- My current and former physician.
- Specialists, dentists, physiotherapists, chiropractors and psychologists.
- Public and private hospitals, clinics, centres and laboratories.
- Other insurance companies, where I have registered my case, including credit card companies.
- Airlines and/or travel agents.
- Other relevant parties can be entered here:

With this consent, the parties mentioned may, for a year from the date of my signing, disclose relevant information to SOS International.

### **To whom can relevant case information be disclosed?**

SOS International may, with this consent, disclose relevant information to the following parties in connection with the handling of my case:

- Physicians who are to examine or treat me or who have examined and treated me.
- Hospitals where I have been examined or hospitalized.
- The Danish region in which my treatment has taken place.
- The Danish Patient Safety Authority, Regions of Denmark or equivalent national or foreign health authorities associated with health benefits received in another EU/EEA country/Switzerland.
- Other insurance companies, including credit card companies.
- Airlines and/or travel agents.
- Other relevant parties can be entered here:

### **What types of information can be obtained, used and disclosed?**

The consent includes collection, use and disclosure of the following categories of information:

- Health data, including information about illness, symptoms and contacts with the healthcare service.
- Information about my case, including information on my insurance and my trip.

### **For what period of time can information be collected?**

The consent includes information for a period of 1 year prior to the time of the damage or the booking the trip, up until the time when SOS International has assessed my case.

SOS International may, for specific reasons, also obtain information prior to this period, if the information for this period justifies it.

### **Withdrawal of consent**

I can at any time withdraw with my consent effect for the future. This withdrawal may affect SOS International and my insurance company's ability to handle my case.

### **Power of attorney**

I hereby authorize SOS international to apply for reimbursement of incurred expenses on my behalf at the Danish Patient Safety Authority, Regions of Denmark or equivalent national or foreign public health authorities for health services received in another EU/EEA country/Switzerland.

<b>Consent</b>	Name:	National identification number:
	Signature	Date:
	<b>In case the injured party is a child, the parents/guardians shall sign below:</b>	
	<input type="checkbox"/> Put an X in case of joint custody.	
	Name:	National identification number:
	Signature	Date:
	Name:	National identification number:
	Signature	Date:

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