

# Claim form

Theft, lost or damaged luggage, flight delay, missed departure etc.

**In case of theft, lost or damaged luggage the following must be enclosed:**

- Travel certificate/airline tickets.
- Original documentation from the airline company (PIR-report).
- Original documentation for the stolen/lost/damaged items (e.g. receipt, guarantee certificate, statement of account).

**In case of flight delay/missed departure, the following must be enclosed:**

- Travel certificate/airline tickets for the original travel route.
- Travel certificate/airline tickets for new travel route, if any.
- Original documentation for the stated delay time, duration and cause.
- Original receipts for paid additional costs, if any.

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

- E.g. "Samsonite suitcase, bought in 2005, model XYZ, price DKK 1,000".

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"/> Theft, burglary, open theft or robbery <input type="checkbox"/> Flight delay <input type="checkbox"/> Missed departure <input type="checkbox"/> Lost luggage <input type="checkbox"/> Damage of luggage <input type="checkbox"/> Fire	
<b>Policyholder/ Employee</b>	Name: _____ Date of birth: _____	
	Address: _____	
	Postal code and city: _____	
	Telephone: _____	E-mail: _____
<b>Injured party</b>	Name: _____	
	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: _____ Date of departure: ____ / ____ year ____ at ____      Planned return: ____ / ____ year ____ at ____ Date of Expat: ____ / ____ year ____ at ____      Expat end: ____ / ____ year ____ at ____ Tour operator: _____      Airline company: _____	
<b>Information about the loss</b>	When did the loss occur? _____ / ____ year ____ at (0-24): ____ In which country did the loss occur? _____	
<b>Other insurance/ credit card</b>	Did you take out other travel insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes - please 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: _____ Type of credit card: _____ Card no: _____	
<b>Notification to the airline company</b>	Did you report the event to the airline company? <input type="checkbox"/> Yes (original report should be enclosed) <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 stated for the damages.</i>	
<b>Police report</b>	Did you report the claim to the police? <input type="checkbox"/> Yes (Receipt for the report should be enclosed) <input type="checkbox"/> No	
<b>Ownership</b>	To whom did the stolen items belong? Name: _____ Address, postal code and city: _____	
<b>Theft from hotel room or building</b>	Was the scene of the crime locked? <input type="checkbox"/> Yes - how? _____ <input type="checkbox"/> No	
	Were there any visible signs of burglary? <input type="checkbox"/> Yes - which? _____ <input type="checkbox"/> No	
	Signs of damage to the building? <input type="checkbox"/> Yes - how? _____ <input type="checkbox"/> No	

<b>Theft from car, bus, tent or caravan</b>	Was the vehicle / tent locked? <input type="checkbox"/> Yes - how? _____ <input type="checkbox"/> No		
	Make of car / model? _____		
	Were there any visible signs of burglary? <input type="checkbox"/> Yes - which? _____ <input type="checkbox"/> No		
	Where were the items stored? _____	If in glove compartment, was it locked? <input type="checkbox"/> Yes <input type="checkbox"/> No If in luggage compartment, was this locked and the stolen items not visible from the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Information about the claim</b>	<b>Describe the event in detail:</b>		
	_____		
	_____		
	_____		
	<i>If needed, separate specification can be enclosed.</i>		
<b>Compensation claim</b>  <i>Please remember to enclose original documentation</i>	<b>Statement of the claim – The expenses MUST be specified in detail.</b>		
	<b>NATURE OF THE ITEM:</b>	<b>DATE OF PURCHASE:</b>	<b>PURCHASE PRICE:</b>
			<b>Total:</b>
<b>Important!</b>	<b>We point out that the compensation claim should be documented, and the documentation 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		
	_____	<input type="text"/>	<input type="text"/>
	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-number: _____		
	Bank account number: _____		
<b>Signature</b>	I hereby declare, on oath, that all of the above mentioned 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 a/s 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: _____		
<b>The notification should be sent to: <a href="mailto:corporateclaims@sos.eu">corporateclaims@sos.eu</a> or SOS International a/s, Nitvej 6, DK-2000 Frederiksberg</b>			