

# Cancellation of trip

Claim form, page 1 of 6



**The following must always be enclosed:**

- Original travel certificates/airline tickets.
- Documentation for cancellation of trip and specification of compensation, if any.
- It is a condition that your general practitioner has filled in SOS' medical statement, see page 3

**Please remember to enclose documentation for the claim:**

- In case of death, a copy of the death certificate must be enclosed.
- For other claims, original documentation must be enclosed.

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

- E.g. Airline tickets DKK 4,000 and hotel EUR 450

Policy Number:	Company/Division:
<b>Important!</b>	<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>
<b>Policyholder/ Employee</b>	Name: _____ Date of Birth: _____
	Address _____
	Postal code: _____ City: _____
<b>Information about the patient</b>	Name: _____ Date of Birth: _____
	Address: _____
	Postal code: _____ City: _____
	Telephone number Work/private _____ E-mail: _____
<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: _____ Only If Expat: Start date of stationing: ____/____ year ____ at ____ End date of stationing : ____/____ year ____ at ____ When was the trip ordered? ____/____ year ____ Destination/country: _____ Planned departure date: ____/____ year ____ Return date: ____/____ year ____ Has the trip been cancelled? <input type="checkbox"/> No <input type="checkbox"/> Yes, on ____/____ year ____
<b>Price of the trip</b>	The price of the trip exclusive of cancellation insurance: DKK _____ Did you receive compensation from the tour operator? <input type="checkbox"/> No <input type="checkbox"/> Yes DKK _____ How much do you claim? DKK _____
<b>Information about the incident</b>	Date of the incident, which was the reason for the cancellation: ____/____ year ____ Reason for cancellation/diagnosis: _____
<b>Other insurance/credit cards</b>	Did you take out other insurance attached to a company credit card (e.g. Mastercard, Eurocard, Diners etc.)? Mastercard, Eurocard, Diners etc.)? State credit card no.: _____ Please state credit card type: _____

<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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><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-number.: _____ Bank Account number: _____																							
<b>Medical information</b>	Name of ill/injured person's own doctor: _____ Address _____ Postal code                      City:																							
<b>Travel companions</b>	How is/was the ill/injured person related to the policyholder? <input type="checkbox"/> Spouse/cohabitant <input type="checkbox"/> Parents/parents-in-law <input type="checkbox"/> Child/child-in-law <input type="checkbox"/> Brother/sister-in-law <input type="checkbox"/> Grandparents <input type="checkbox"/> Brother/sister <input type="checkbox"/> Travel companion Please mention <b>all</b> people who have ordered the same trip. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name:</th> <th style="width: 15%;">Civil Registration No.</th> <th style="width: 35%;">Relation to the policyholder</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name:	Civil Registration No.	Relation to the policyholder																				
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<b>IMPORTANT!</b>	<p style="color: red; margin: 0;"><b>We point out that the claim for compensation must be documented. Travel certificates/airline tickets must be enclosed. If the trip has been paid by a credit card or a company travel account, please enclose documentation to substantiate this payment. Please remember that the medical statement must be filled in case of illness/injury.</b></p>																							
<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 of the policyholder: _____ Date: _____ <b>NB!</b> <b>Page 5-6 (Consent for procuring personal health declaration etc.) must be filled in by the ill/injured person)</b> If the ill/injured person is under 18 years, the declaration must be filled in by his/her parents/guardian.																							
<b>To be sent together with the medical statement and the consent form to:          SOS International a/s, Nitvej 6, DK-2000 Frederiksberg, E-mail: corporateclaims@sos.eu</b>																								

# Medical statement

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## To your own physician

SOS International a/s is to assess whether there is a causal relationship between the condition and what caused it and whether pre-existing conditions may be related to the condition sustained and the discomfort of the patient. Therefore, it is important that we obtain knowledge of all symptoms and conditions that may bear relevance.

<b>To be filled in by the patient</b>	Name of the patient _____	National identification number: _____
	Date of departure (e.g. the patient was to participate in the trip): _____	
<b>To be filled in by the patient's own doctor</b>	Which condition/injury does this concern? Please state exact diagnosis in Danish and Latin: Danish: _____ Latin: _____	
	When did the patient sustain this condition/injury _____	Date: ____/____ year _____
	Time and place of first consultation concerning the condition/injury in question: Date: ____/____ year _____ Place: _____	
	When did you begin examination relating to the discomforts of the patient? _____	Date: ____/____ year _____
	When did the patient have the first symptoms? _____	Date: ____/____ year _____
	<u>Only relevant if the patient is to travel:</u> Do you assess that the condition/general condition is a hindrance for travelling? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why? _____	
	Did the patient previously suffer from the same condition/symptoms? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? ____/____ year ____	
	<u>In case of chronic illness:</u> Did an acute, unexpected deterioration occur? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? ____/____ year ____	
	Has the patient been referred to a specialist/a hospital or other? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? ____/____ year ____ Where to? _____	
	Remarks (special conditions that should be considered in relation to processing of the case): _____ _____ _____	
	This attest has been worked out by me in accordance with my records, my knowledge of the patient, my questions to the patient and my examination. Physician's signature: _____ Date: _____ Stamp: _____	
	<b>To be sent together with the medical statement and the consent form to: SOS International a/s, Nitvej 6, DK-2000 Frederiksberg, E-mail: corporateclaims@sos.eu</b>	

# INFORMATION ABOUT 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 the insurance company with all available and relevant information. SOS International handles the case on behalf of the insurance company. You are therefore obliged to provide SOS International with any information that may be relevant to the assessment of the case and the determination of the amount of insurance coverage.

To be able to assess the request for insurance payout, the insurance company shall have information about the insurance event which justifies the claim for payment from the insurance. Usually there is a need for information about the deceased's illness, accident, possible treatment, etc. There may also be a need for information from before the illness/accident to assess whether the current situation is due to circumstances of no relevance to the insurance policy.

In many cases, the insurance company is not satisfied with the information listed in the request for payout. 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 the insurance payout. This follows from the Danish Insurance Contracts Act.

## Personal physician may disclose health information etc.

The physician of the deceased may, with consent, disclose information relating to the health condition of the deceased, information about additional private matters and other confidential information.

## 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 the deceased personal data forward.

## You will be notified each time SOS International 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

The 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/the deceased's 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 the insurance, please contact your insurance company.

See declaration of consent on page 5-6.

## **CONSENT - WHEN I GET INJURED OR SICK**

**(Based on FP 011 and FP 020 Consent: Cancellation 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 my trip cancellation is covered by my insurance. 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, 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 processing of my case:

- 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:

### **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 diseases, 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 covers information for a period of 1 year prior to the time of the damage/the time of booking the trip, up until the time when SOS International has examined 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 my consent with effect for the future. This withdrawal may affect SOS International and my insurance company's ability to handle my case.

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

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