

## CLAIM FORM FOR HOUSEHOLD CONTENTS/BAGGAGE ETC.

The claim for compensation is regarding (please tick off the box)			
<input type="checkbox"/> Baggage delay	<input type="checkbox"/> Damaged items	<input type="checkbox"/> Delayed flight/cancellation of flights	<input type="checkbox"/> Household contents
<input type="checkbox"/> Theft	<input type="checkbox"/> Lost baggage	<input type="checkbox"/> Missed departure	
Name of your firm		What is your job title?	
First name and surname		Date of birth (CPR No.)	
Street address		Phone - mobile	Phone
Postal code	City/country	Email	
What happened?			
Where and when did the claim occur?		Date _____ Time _____	Location (city and country) _____
When did you notice the claim?		Date _____ Time _____	
Description of what happened – as detailed as possible (please enclose further description or sketch)			
_____			
_____			
To be filled out if you had burglary/theft			
Was the room/place of storage locked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, are there any visible signs of use of force <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the signs _____			
Who had the keys? _____			
Was the house unoccupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, for how long? _____	
Was the car locked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, are there any visible signs of use of force <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the signs _____			
Car brand: _____			
Where were the stolen items placed? <input type="checkbox"/> In the cabin <input type="checkbox"/> In a separated locked boot?		If in another place, where? _____	
Police report etc.			
Has the claim been reported to the police/hotel manager/airline company etc.? (please enclose original report)			
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____			
Witnesses			
Were there any witnesses who can confirm the incident?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Name(s) and address(es) _____			
Travel details (to be filled out if the claim occurred during travel)			
Date of departure		Date of return	What is the purpose of your journey?
Destination (city and country)		Airline company/travel agent	
To be filled out if your baggage was delayed			
When did you arrive at your destination?		Time _____	Date _____
When was your baggage delivered to you?		Time _____	Date _____
Original receipts for your replacement purchases, the original confirmation issued by the airline company (P.I.R.) and ticket(s) or itinerary must be enclosed along with your claim form.			

### To be filled out if your flight was delayed or cancelled

When was your flight supposed to departure? Time \_\_\_\_\_ Date \_\_\_\_\_

When did your flight departure? Time \_\_\_\_\_ Date \_\_\_\_\_

What was the reason for the delay/cancellation? \_\_\_\_\_

In the event of delayed or cancelled flights, original receipts, itinerary and documentation from the airline confirming the delay/cancellation must be enclosed along with your claim form.

### To be filled out if you missed your departure

When did you arrive at the airport? Time \_\_\_\_\_ Date \_\_\_\_\_

When did your flight departure? Time \_\_\_\_\_ Date \_\_\_\_\_

What was the reason for the delay? \_\_\_\_\_

In the event of missed departure, original unused tickets, original receipts, itinerary and documentation from the airline confirming the delay/cancellation must be enclosed along with your claim form.

### Credit card and insurance details

What kind of credit card do you have (e.g. MasterCard, Eurocard, Globecard)? \_\_\_\_\_

Is the credit card issued by a bank?  Danske Bank  Nordea  Other \_\_\_\_\_

Card No. \_\_\_\_\_ Is your claim reported to the credit card company?  Yes  No

I do not have a credit card  Did you purchase your journey using your credit card?  Yes  No

### Other insurance

In which insurance company have you taken out house contents insurance?

Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Is your claim reported to the insurance company?  Yes  No

### Alarm centre

Has Europæiske's alarm centre been notified about the claim? If yes, case No. \_\_\_\_\_

Has Europæiske's service offices (Euro-Center) been notified about the claim? If yes, case No. \_\_\_\_\_

### Compensation claimed

Documentation stating price and date of purchase must be enclosed for each claimed item. For claims regarding baggage delay, original receipts for replacement purchases must be enclosed.

Description of items. If the space below is inadequate, please enclose a separate list	Purchase		Amount claimed (please state currency)
	Price	Date	

### Ownership

Do the items belong to you?  Yes  No Your firm?  Yes  No Is the owner VAT-registered?  Yes  No

### Method of payment

Bank reg. No. and account No. \_\_\_\_\_ IBAN No \_\_\_\_\_

Name and address of the bank \_\_\_\_\_ Swift code \_\_\_\_\_

### Signature etc.

I hereby give my consent/power of attorney to Europæiske to procure and forward information about this claim from and to the police, public authorities, other insurance companies, Ankenævnet for forsikring etc. The consent/power of attorney only covers this claim.

I declare that all the statements in this claim form are correct and that I have not concealed anything. I understand that providing incorrect information will forfeit the claim and may result in termination of the insurance.

\_\_\_\_\_ Date / 20

Insured's signature