

Please avoid using staples – use a paper clip instead! We will scan any enclosures.

Policy holder

| | |
|----------------|-----------|
| Name | |
| Position | |
| Address | |
| Postal address | City/town |

Claim no.

(to be completed by Codan)

| | |
|--------------------------|------------|
| Policy no. | 5815459050 |
| Phone, home | |
| Phone, work | |
| Civil reg. no. (CPR no.) | |

Signature

Declaration relating to information

I hereby declare that the statements and information given are true in every respect. I am aware that any misrepresentation or non-disclosure may result in the compensation being reduced or not being paid. At the same time, I give my permission that medical records/information may be obtained which may be necessary to assess the claim and clarify any relevant questions. Likewise, I give my permission that these records/information may be forwarded to other companies with which the claim has also been filed.

Codan's assessment of your information

Codan will retain your information. Codan can obtain more information about you and your claim via publicly accessible media, sources and witnesses etc. to assess your claim and your claim for compensation. Codan keeps the information on file for as long as it may be needed for the purpose of your insurance and the claims which have been submitted.

| | | |
|--------------------------|----------------|-----------|
| Civil reg. no. (CPR no.) | Place and date | Signature |
|--------------------------|----------------|-----------|

| | | |
|------------------------------|---|--------------------------|
| Email | If you prefer to communicate by email, please enter your email address here: | |
| Important! | If you do not provide all the information and enclosures which are needed it will prolong the case-processing time as it will be necessary to ask further questions and await receipt of the enclosures. Please note: Expenses relating to medical certificates and other documentation must be borne by the policyholder. | |
| Possible claims | <input type="checkbox"/> Luggage delay, stolen/damaged <input type="checkbox"/> Flight delay, cancellation/overbooking <input type="checkbox"/> Other: <input type="checkbox"/> Trip interruption, cancellation insurance <input type="checkbox"/> Travel injury | |
| Injured | Name | Civil reg. no. (CPR no.) |
| | Address | |
| | Postal address | City/town |
| Description of claim | Date (day/month/year) | Time (00:00-24:00) |
| | Description of damage | |
| Other insurance cover | Have you filed claim(s) with other insurance providers? <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, which company and policy no.? | |
| Police report | Did you file a report with the police? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Medical information | Name of Injured persons own doctor | |
| | Address | |
| | Postal address | City/town |
| | Did you experience the same symptoms/disease before filing this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes (day/month/year) | |

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|-------------------------------|--|-------------|--|--|--|--|--|--|--|--|--|--|--|---------------|
| Description of damage | Describe the incident in detail Please attach a separate account, if relevant | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| Additional information | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| Bank account | Debit/credit card no.: | Expiry date | | | | | | | | | | | | |
| | <table border="1"> <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> </tr> </table> | | | | | | | | | | | | | _____ / _____ |
| | | | | | | | | | | | | | | |
| Name of bank | | | | | | | | | | | | | | |
| | Bank account in IBAN format | SWIFT no. | | | | | | | | | | | | |

Please send your claim to:
dbrejseskade@codan.dk or as a paper version to

Codan Forsikring
Gammel Kongevej 60
DK-1790 København V

Documents forwarded to Codan:

- Copy of invoice or other verification that the trip has been paid for using a Danske Bank debit/credit card and that the card is valid
- Flight operator's Property Irregularity Report (PIR) of delayed luggage
- Verification of late departure, cancellation or overbooking of flight
- Original receipts relating to costs
- Medical evaluation
- Police report
- Other