

Baggage delay

Claim form



The following must be enclosed:

- Travel certificate/airline tickets
- Original documentation from the airline (PIR report).
- Original receipts and specification of the purchases.
- Statement of account that shows that the trip has been paid for by credit card/company travel account. (if this a demand for insurance cover).

Please remember always to specify your claim per person, e.g. '2 pairs of socks, John, USD 5.00'

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|--|--|---------------------|-------------------|
| Important! | If you do not provide the necessary information and receipts, it will prolong the processing of the claim. This is due to the fact that it may be necessary to ask further questions and await the receipt of the enclosures. | | |
| Insurance via your credit card | Credit card – type and name: | Credit card number: | |
| Insurance via your house contents insurance | Insurance company: | Policy number: | |
| Policyholder | Name | | |
| | Civil Registration No. | | |
| | Address | | |
| | Postal code | City | |
| Name of the company (only to be filled in case of business trips) | Name | | |
| | Address | | |
| | Postal code and city | | |
| Information about the trip | Purpose: <input type="checkbox"/> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Holiday and business <input type="checkbox"/> Other _____ | | |
| Purchase of the trip | Departure date: ____ / ____ year ____ at ____ Planned return date: ____ / ____ year ____ at ____ | | |
| | Tour operator: _____ Airline: _____ | | |
| | Credit card <input type="checkbox"/> Business travel account* <input type="checkbox"/> Cash /Account transfer <input type="checkbox"/> Visa/debit card <input type="checkbox"/> | | |
| Information about the claim | If payment took place by credit card/business travel account, please note the following: | | |
| Other insurance/credit cards | Please remember to enclose documentation that the trip was paid by credit card/company travel account. | | |
| | State type of credit card: _____ Card no.: _____ | | |
| | When did the incident occur? ____ / ____ year ____ at (0-24): ____ | | |
| Bank information | In which country did the incident occur? _____ | | |
| | What is your total _____ Currency: _____ Amount: _____ | | |
| | Did you take out other travel insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, please state insurance company and policy no. | | |
| | Company: _____ Policy number: _____ Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Notification to airline | Do you have other insurance attached to a credit card (e.g. Mastercard, Eurocard, Diners etc.)? Please state credit card type: _____ Card no.: _____ | | |
| | <i>A potential compensation <u>CANNOT</u> be transferred to a credit card but to only to your bank account.</i> | | |
| | The account belongs to: <input type="checkbox"/> The policyholder <input type="checkbox"/> The company | | |
| | Bank _____ | Reg. No. _____ | Account no. _____ |
| | SWIFT/BIC _____ | IBAN: _____ | |
| Notification to airline | Did you report the incident to the airline? <input type="checkbox"/> Yes (original report is to be enclosed) <input type="checkbox"/> No | | |
| | Has the airline paid compensation? <input type="checkbox"/> Yes – how much? _____ <input type="checkbox"/> No | | |
| | <i>We point out to you that we will contact the airline in order to have the information confirmed so that we can pay the correct compensation amount.</i> | | |
| Notification to airline | Has the missed luggage been returned to you? <input type="checkbox"/> Yes, on ____ / ____ year ____ at ____ <input type="checkbox"/> No | | |

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|--|---|---|----------------------------------|------------------------------|---------------|
| Information about the incident | Please describe the incident in details: | | | | |
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| <i>Please enclose separate statement, if any.</i> | | | | | |
| Travel companions | Did the policyholder participate in the trip? <input type="checkbox"/> Yes (travel certificate enclosed) <input type="checkbox"/> No | | | | |
| | Name | Civil Registration No. | | Relation to the policyholder | |
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| Claim <i>Please remember to enclose original receipts</i> | Statement of the claim – the purchase MUST be specified in details. Please see the below example: | | | | |
| | PERSON: | DATE: | EXPENSES FOR PURCHASE OF: | CURRENCY | AMOUNT |
| | <i>Example: John</i> | <i>01/06/07</i> | <i>2 pairs of socks</i> | <i>USD</i> | <i>5.00</i> |
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| | <i>Please enclose separate statement.</i> | | | Total: | |
| | Important! | We point out to you that the following must be enclosed: original receipts, travel certificate/airline tickets and original report from the airline (PIR-report). If the trip has been paid by a credit card or a company travel account, please enclose documentation to substantiate this payment. | | | |
| Signature | The undersigned solemnly declare that the above information is true. I also authorise SOS International to procure the necessary records/information for the assessment of the incident and questions in this connection. | | | | |
| Signature: _____ Date: _____ | | | | | |
| The claim for is to be sent to SOS International a/s, Nitivej 6, 2000 Frederiksberg, tel. +45 38 48 86 42 | | | | | |