

Cancellation of trip

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The following must always be enclosed:

- Original travel certificates/airline tickets.
- Documentation for cancellation of trip and specification of compensation, if any.
- Statement of account indicating that the trip has been paid by credit card/business travel account (if this is a requirement for insurance coverage).
- 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 remember to assess and specify your claim, i.e. Airline tickets DKK 4,000 and hotel EUR 450.

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.	
If you are insured via your credit card	Credit card – type and name:	Credit card number:
If you are insured via your house contents insurance	Insurance company	Policy number:
Policyholder	Name	
	Civil Registration No.	
	Address	
	Postal code	City
Ill/injured person	Name	
	Civil Registration No.	
	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 _____	
	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 ____	
Price of the trip	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 _____	
Purchase of the trip	<input type="checkbox"/> Credit card <input type="checkbox"/> Business travel account* <input type="checkbox"/> Cash /Account transfer <input type="checkbox"/> Visa/debit card	
	If payment took place by credit card/business travel account, please note the following:	
	Remember to enclose documentation that the trip was paid by credit card/company travel account.	
	State type of credit card:	Card no.:
Information about the claim	Date of the incident, which was the reason for the cancellation: ____ / ____ year ____	
	Reason for cancellation/diagnosis: _____	
Bank information	<i>Compensation, if any, CANNOT be transferred to a credit card, but instead to your bank account.</i>	
	_____	_____
	Bank	Reg. No. Account no.
	SWIFT/BIC	IBAN:

Claim form

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Medical information	Name of ill/injured person's own doctor:		
	Address:		
	Postal code:	City:	
Travel companions	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 all people who have ordered the same trip.		
	Name:	Civil Registration No.	Relation to the policyholder
Other insurance/credit cards	Did you take out other cancellation insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, please state company and policy no.		
	Company: _____ Policy number: _____ Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Important!	Did you take out cancellation insurance attached to a credit card (e.g. Mastercard, Eurocard, Diners etc.)?		
	Please state credit card type: _____ Card no.: _____		
	Please state credit card type: _____ Card no.: _____:		
Signature	<p>We point out that the claim for compensation must be documented. Original 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 in case of illness/injury.</p>		
	<p>The undersigned solemnly declare that the above information is true.</p> <p>Signature of the policyholder: _____ Date: _____</p> <p>NB!</p> <p>Page 4 (Consent for procuring personal health declaration etc.) <u>must</u> be filled in by the ill/injured person)</p> <p>If the ill/injured person is under age (18 years) the declaration must be filled in by his/her parents/guardian.</p>		
<p>To be sent together with the medical statement and the consent form to: SOS International a/s, Nitivej 6, DK-2000 Frederiksberg +45 38 48 86 42</p>			

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.

To be filled in by the patient	Name of the patient: _____	Civil Registration No. _____
	Departure date: _____	
To be filled in by the patient's own doctor	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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 specialist/hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? ____ / ____ year ____
	Where to? _____	
	Remarks (special conditions that should be considered in relation to the case): _____ _____ _____	
	This certificate 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: _____	

**To be sent together with the medical statement and the consent form to:
SOS International a/s, Nitivej 6, DK-2000 Frederiksberg +45 38 48 86 42**

Consent to procuring health status data

FP602

Why should you consent

When you claim compensation from your insurance company, you are obliged to give your insurance company all available and relevant information in accordance with the Insurance Contracts Act. SOS International a/s handles the case on behalf of your insurance company. You are therefore obliged to give SOS International all the information that may influence the assessment of your case and the assessment of the size of the insurance benefit payment.

Insurance payout

In accordance with the law you are not entitled to receive payment from your insurance until two weeks after SOS International a/s has received all the information necessary to assess your case and determine the size of your insurance payout. This complies with the rules of the Danish Insurance Contracts Act.

Your physician can pass on health status data etc.

With your consent your physician can pass on information regarding your health status, as well as information about private conditions and other confidential information. This complies with the rules of the Danish Health Act.

You can always withdraw your consent

Your consent is valid a year after you have given it. A copy of this consent will be given to everyone from whom SOS International a/s wants to have health status data etc. If you regret your consent you can always withdraw it.

You will be notified every time SOS procures information.

Every time SOS International a/s procures concrete health information etc. you will be notified why the information is wanted, which kind of information is wanted, for precisely which period and from whom we wish to procure the information.

Consent

I hereby consent that SOS International a/s can procure all relevant information. It may be information about health, information about my health, including contact to the healthcare service, information about social conditions etc.

The information can be procured from general practitioners, hospitals and other relevant parts of the healthcare system, public authorities, including municipality, the national Board of Industrial Injuries and the police and from other insurance companies and pension funds.

The consent comprises health status information up to and including the times where SOS International a/s has assessed my claim for compensation from the insurance, if any.

Copy of this consent will be given to the doctor, municipality, etc. which are asked to provide information to SOS International a/s.

Name:

Civil registration no.:

Signature

Date:

The Certificate Committee of the Danish medical Association has adopted the use of this consent declaration for procuring health status information etc. from physicians. The information procured is to be sent on a declaration which can be supplemented by a copy or extract of the relevant medical file if required by the insurance company.

The Danish medical association and Danish Insurance Association 2008