

# Illness and injury

Claim form



**In case of illness/injury the following must be attached:**

- Travel certificate/airline tickets
- Original documentation of the claim for compensation e.g. physician's statement and medical invoices.
- Documentation that the trip has been purchased with a credit card. (if this a demand for insurance cover).

**In case of compensation trip/holiday compensation the following *must* be attached:**

- Travel certificate/airline tickets
- Documentation for the price of the trip (transport, hotel accommodation and other arrangements).
- Documentation from the attending physician abroad.
- Documentation that the trip has been paid by a credit card (if this is a demand for insurance cover).

**Please always remember to quantify and specify your claim, e.g. visit to a doctor for John, USD 70"**

<b>Important!</b>	<b>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.</b>		
<b>If you are insured via your credit card</b>	Credit card – type and name:	Credit card number:	
<b>If you are insured via your house contents insurance</b>	Insurance company:	Policy number:	
<b>The claim is for</b>	<input type="checkbox"/> Illness/injury <input type="checkbox"/> Medical escort <input type="checkbox"/> Accident <input type="checkbox"/> Compensation trip/holiday compensation <input type="checkbox"/> Recall <input type="checkbox"/> Summoning		
<b>Policyholder</b>	Name		Civil Registration No.
	Address		
	Postal code	City	
	Tel Work/private	E-mail	
<b>Ill/injured person</b>	Name		Civil Registration No.
	Address		
	Postal code and city		
<b>Information about the trip</b>	Purpose: <input type="checkbox"/> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Holiday and business <input type="checkbox"/> Other _____ In which country did the incident occur? _____ Departure date: ____ / ____ year ____ at ____    Planned return date: ____ / ____ year ____ at ____		
<b>Purchase of the trip</b>	<input type="checkbox"/> Cash /Account transfer <input type="checkbox"/> Visa/debit card <input type="checkbox"/> Credit card <input type="checkbox"/> Business travel account* <b>If payment took place by credit card/business travel account, please note the following:</b> Remember to enclose documentation that the trip was paid for by the credit card/company travel account State type of credit card: _____ Card no. _____		
<b>Information about the damage</b>	When did the illness/injury occur?                      ____ / ____ year ____ at (0-24): ____ Date and time of first visit to the doctor                      ____ / ____ year ____ at (0-24): ____ Date and time of hospitalisation, if any:                      ____ / ____ year ____ at (0-24): ____ In case of hospitalisation or written medically prescribed bed rest /indoor stay, please state the period (documentation must be enclosed.)                      As of ____ / ____    To the ____ / ____ Repatriation, if any, arranged by: _____ on ____ / ____ year ____ At. (0-24): ____		
<b>Bank information</b>	_____	<input type="text"/>	<input type="text"/>
	Bank	Reg. No.	Account no.
	SWIFT/BIC _____	IBAN: _____	

<b>Other insurance/credit cards</b>	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 Do you have other insurance attached to a credit card (e.g. Mastercard, Eurocard, Diners etc.)? State type of credit card.: _____ Card no. _____																							
<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 Did the policyholder participate in the trip? <input type="checkbox"/> Yes (travel certificate enclosed) <input type="checkbox"/> No <table border="1" data-bbox="359 448 1503 815"> <thead> <tr> <th data-bbox="359 448 1082 510">Name of co travellers</th> <th data-bbox="1082 448 1329 510">Civil Registration No.</th> <th data-bbox="1329 448 1503 510">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> <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 of co travellers	Civil Registration No.	Relation to the policyholder																		
Name of co travellers	Civil Registration No.	Relation to the policyholder																						
<b>Medical information</b>	Name of ill/injured person's own doctor: Address: Postal code: _____ City: _____ Did you previously suffer from the same symptoms/illness? <input type="checkbox"/> No <input type="checkbox"/> Yes, on ____ / ____ year ____																							
<b>Information about the illness/injury</b>	<b>Please describe the incident in detail:</b> _____ _____ _____ _____ _____ _____																							
<b>Claim for compensation</b>	<table border="1" data-bbox="359 1451 1503 1792"> <thead> <tr> <th data-bbox="359 1451 1062 1491">Statement of the claim:</th> <th data-bbox="1062 1451 1233 1491">Currency</th> <th data-bbox="1233 1451 1503 1491">Amount:</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> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <i>Enclose separate statement, if possible.</i>			Statement of the claim:	Currency	Amount:																		
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<b>Important!</b>	<b>We point out that the claim for compensation must be documented. All invoices and medical certificates must be enclosed in original. If the trip has been paid by a credit card or a company travel account, please enclose documentation to substantiate this payment.</b>																							
<b>Signature:</b>	The undersigned solemnly declare that the above information is true. <b>Please remember to sign the consent form on the next page.</b> Signature of the claimant: _____ Date: _____																							
<b>The claim form is to be sent to SOS International a/s, Nitivej 6, 2000 Frederiksberg, tel. +45 38 48 86 42</b>																								

# 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 a/s all the information that may influence the assessment of your case and 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 the insurance payout. This complies with the rules of the Danish Health 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 wishes to have health status etc. If you regret your consent can always withdraw it.

## You will be notified every time SOS procures information

Every time SOS International a/s procures 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 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 the 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.