

Claim form

Theft, loss, flight delay, missed departure etc.



In case of theft, loss or damaged luggage the following must be attached:

- Travel certificate/airline tickets
- Original documentation from the airline (PIR report)/loss declaration.
- Original documentation for the articles (e.g. purchase receipt or statement of account).
- 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).

In case of flight delay/missed departure the following must be enclosed:

- Travel certificate/airline tickets for the original itinerary and new itinerary, if any.
- Original documentation for the delay including time, duration and cause.
- Original receipt for paid extra costs, if any.
- Statement of account indicating that the rip has been paid by credit card/business travel account (if this is a requirement for insurance coverage).

Please always remember to specify your claim for compensation.

- E.g.: 'Samsonite suitcase, bought year 2005, model XYZ, purchase price DKK 1,000'.

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:	
The claim is for	<input type="checkbox"/> Theft, burglary, open theft or robbery <input type="checkbox"/> Flight delay <input type="checkbox"/> Missed departure <input type="checkbox"/> Lost luggage <input type="checkbox"/> Damaged luggage <input type="checkbox"/> Fire		
Policyholder	Name		Civil Registration No.
	Address		
	Postal code	City	
	Tel Work/private	E-mail	
Name of the company (only to be filled in in case of business trips)	Name		
	Address		
Information about the trip	Purpose: <input type="checkbox"/> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Holiday and business <input type="checkbox"/> Other Departure date: ____ / ____ year ____ at ____ Planned return date: ____ / ____ year ____ at ____ Tour operator: _____ Airline: _____		
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 type of credit card: _____ Card no. _____		
Information about the damage	When did the incident take place? ____ / ____ year ____ at (0-24): _____ In which country did the incident occur? _____		
Bank information	Compensation, if any, cannot be transferred to your credit card, only to your bank account. _____ Bank Reg. No. Account no.		
	SWIFT/BIC _____ IBAN: _____		

Notification to the 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>		
Other insurance/credit cards	Did you take out house contents 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 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 Did you take out other insurance attached to a credit card (e.g. Mastercard, Eurocard, Diners etc.)? Please state credit card type: _____ Card no. _____		
Police report	Has the incident been reported to the police? <input type="checkbox"/> Yes (receipt for reporting is enclosed) <input type="checkbox"/> No		
Ownership	To whom did the stolen items belong? Name: _____ Address, postal code and city: _____		
Theft from hotel room or building	Was the place of the incident locked? <input type="checkbox"/> Yes – how? _____ <input type="checkbox"/> No Are there visible signs after break-in? <input type="checkbox"/> Yes – which? _____ <input type="checkbox"/> No Has any damage been caused to the building? <input type="checkbox"/> Yes – how? _____ <input type="checkbox"/> No		
Theft from car, bus, tent or caravan	Was the vehicle/tent locked? <input type="checkbox"/> Yes – how? _____ <input type="checkbox"/> No Car make/model? _____ Were there visible signs of break-in? <input type="checkbox"/> Yes – which? _____ <input type="checkbox"/> No		
	Where were the objects stored? _____	If in glove compartment, was this locked? <input type="checkbox"/> Yes <input type="checkbox"/> No If in the boot, was this locked and the stolen objects not visible from the outside? <input type="checkbox"/> Yes: <input type="checkbox"/> No	
Travel companions	Did the policyholder participate in the trip? <input type="checkbox"/> Yes (travel certificate enclosed) <input type="checkbox"/> No		
	Name of co travellers :	Civil Registration No.	Relation to the policyholder
Information about the damage	Please describe the incident in detail: _____ _____ _____ _____ <i>Please enclose separate statement, if necessary.</i>		
	Statement of the claim – the purchase MUST be specified in detail.		
	TYPE OF OBJECT:	Purchase date:	Purchase price:
	Claim:		
Please remember to enclose original documentation			
Important!	We point out that the claim for compensation must be documented and that original enclosures must be attached. If the trip has been paid by a credit card or a company travel account, please enclose documentation to substantiate this payment.		
	The undersigned solemnly declare that the above information is true. Signature: _____ Date: _____		
The claim form is to be sent to SOS International a/s, Nitvej 6, 2000 Frederiksberg, tel. +45 38 48 86 42			