

Claim form - Business Travel Insurance

Please fill out all fields and enclose original documentation.

Processing your claim cannot begin before we have received all relevant information. Please fill out all fields in the claims form, otherwise the claims handling can be prolonged.

1. Personal information

Policy No.:		Social Security No:
Company Name:		
Name:		
Address:		Phone (mobile):
Postal code:	Town:	Phone (home):
E-mail:		Phone (work):

By registering your e-mail address, you accept that we may use e-mail in further dialogue when processing the claim.

2. Bank information

Please transfer the compensation to: (please tick off):			<input type="checkbox"/> Private bank account	<input type="checkbox"/> Company bank account
Bank name:		Account no.:		
In case of transfer to foreign bank:	Swift/Bic code:	Iban no./account no.:		

3. Other insurance

Do you or does your spouse/parents in the same household have private travel insurance through another insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Through which insurance company?		Policy number:	
Do you or does your spouse/parents in the same household have a travel insurance in another company through an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Through which insurance company?		Policy number:	
Has the claim been reported to another insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the transport paid with a credit card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bank:	Credit card number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Does your credit card include travel insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Have you previously reported a claim under a travel insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many times?:		
Have you previously received compensation for an accident/occupational injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: From which insurance company?:			

4. Travel information

Purpose of the journey? (please tick off):	Business: <input type="checkbox"/>	Holiday/ Business: <input type="checkbox"/>	Holiday: <input type="checkbox"/>
Departure:	Arrival:	Travel agency/Tour operator:	Where did the loss occur (country)?

5. Luggage delay

Enclose original PIR (personal irregularity report), receipts, printed ticket, boarding card and baggage tag.

When did the delay occur?	Has the delay been reported to the transport company? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
(flight/bus/train/ferry) - original documentation must be attached.	
When was the luggage delivered?	Time of delivery?
If no, please note why this has not been done:	

6. Damage /Theft

When did you notice the incident?	When did the incident occur - if different?
Please describe the incident in details (if necessary please attach separate description):	
Who was the incident reported to (original documentation must be attached)?	Police: <input type="checkbox"/> Hotel: <input type="checkbox"/> Guide: <input type="checkbox"/> Gouda Alarm Centre: <input type="checkbox"/>
Gouda: <input type="checkbox"/> Transport company: <input type="checkbox"/>	Other:
Where were the items at the time of the incident ?	Carried: <input type="checkbox"/> Car: <input type="checkbox"/> Bus: <input type="checkbox"/> Train: <input type="checkbox"/>
Hotel: <input type="checkbox"/> House/apartment: <input type="checkbox"/>	Elsewhere:
Was the luggage checked in / deposited?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, with whom?	
Was the storage area locked?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Were there any signs of forced entry?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, what were the signs?	

7. Lost objects / delayed luggage

Please enclose original documentation.

What have you lost/bought?	Date of purchase:	Purchase price:	Claim (local currency):	Claim (NOK):
Total				

8. Signature

<p>I hereby give my approval that Gouda Travel Insurance can collect all relevant information from the transport company, police and other relevant authorities.</p> <p>I hereby confirm that the above information is accurate and complete, and that I give my consent that Gouda Travel Insurance can obtain all relevant and necessary documentation from police and other public authorities in connection with the insurance claim. I am aware that by giving deceitful information the company may involve the police and it may deprive me the right to compensation in full. Gouda will also have the right to terminate all insurance with Gouda/Gjensidige, see the Norwegian Insurance Contracts Act §§ 8-1 and 18-1.</p> <p>All claims are recorded in the Central claims Register (FOSS).</p>	
Date:	Signature: