

Claim form

- Business travel insurance

Illness and other claims not related to luggage

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: <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>x</td><td>x</td><td>x</td><td>x</td><td></td><td></td><td></td><td></td></tr></table>												x	x	x	x				
									x	x	x	x										
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. Coverage

For what are you claiming insurance? (please tick off):

Illness <input type="checkbox"/>	Cancellation <input type="checkbox"/>	Repatriation <input type="checkbox"/>	Medical escort <input type="checkbox"/>	Missed departure <input type="checkbox"/>	Private liability/legal aid <input type="checkbox"/>	Accident/assault <input type="checkbox"/>
Delayed flight <input type="checkbox"/>	Replacement person <input type="checkbox"/>	Loss of vacation days <input type="checkbox"/>	Personal Safety <input type="checkbox"/>	Summoning <input type="checkbox"/>	Other	

5. The incident

When did the incident occur?	In what country did the incident occur?
Please describe the incident in detail (if necessary please attach separate description):	

6. 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:	

7. Illness / Accident / injury

Date and time of the illness/accident/injury:	Date and time of 1st consultation:
When were you reported fit for work?	Hospitalisation: from: to:
Have you previously suffered from the same illness/experienced the same symptoms? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, when?
Name/address/phone number to your general practitioner:	
Diagnosis/nature of the illness/accident:	
Were you repatriated by Gouda Alarm Centre? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, when?

8. Expenses

(IMPORTANT: Please enclose original documentation)

Expense (Physician, medicine, transportation, food, accommodation etc.)	Expense (local currency):	Expense (NOK):	Have you already paid? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Total			

9. Signature

I hereby give Gouda Travel Insurance my consent to obtain all relevant information, regarding my claim, herein:

- Medical and social information, including information from my contact with the health authorities.
- Information from general practitioners, hospitals and other relevant parts of the health authorities, public services, including municipal and Occupational Board and from other insurance companies, pension funds and the police.

This consent includes health-related information up until the time Gouda Travel Insurance has reviewed my claim. A copy of the consent may be given to the above mentioned, who are requested to provide information to Gouda Travel Insurance.

With regards of reimbursement of expenses for health care received abroad I hereby transfer to my insurance company, Gouda Reiserforsikring, my claim of reimbursement from HELFO. The transfer of claim is limited to the insurance company's payment of health care abroad. Furthermore I confirm having received treatment as described in this form and that I have not used the European Health Insurance Card in connection with the received treatment.

Date:

Signature: