

# CORPORATE BENEFIT PLAN

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

(Filled out by Europæiske)

## CLAIM FORM FOR HOUSEHOLD CONTENTS/BAGGAGE ETC.

### The claim for compensation is regarding (please tick off the box)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Baggage delay | <input type="checkbox"/> Damaged items | <input type="checkbox"/> Delayed flight/cancellation of flights | <input type="checkbox"/> Household contents |
| <input type="checkbox"/> Theft         | <input type="checkbox"/> Lost baggage  | <input type="checkbox"/> Missed departure                       |   |

Name of your firm	What is your job title?
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First name and surname	Date of birth (CPR No.)
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Street address	Phone - mobile	Phone
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Postal code	City/country	Email
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### What happened?

Where and when did the claim occur? Date \_\_\_\_\_ Time \_\_\_\_\_ Location (city and country) \_\_\_\_\_

When did you notice the claim? Date \_\_\_\_\_ Time \_\_\_\_\_

Description of what happened – as detailed as possible (please enclose further description or sketch)

### To be filled out if you had burglary/theft

Was the room/place of storage locked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are there any visible signs of use of force <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the signs _____	
Who had the keys? _____	

Was the house unoccupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for how long? _____
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Was the car locked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are there any visible signs of use of force <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the signs _____	
Car brand: _____	

Where were the stolen items placed?  In the cabin  In a separated locked boot? If in another place, where? \_\_\_\_\_

### Police report etc.

Has the claim been reported to the police/hotel manager/airline company etc.? (please enclose original report)

Yes  No If no, why not? \_\_\_\_\_

### Witnesses

Were there any witnesses who can confirm the incident?

Yes  No Name(s) and address(es) \_\_\_\_\_

### Travel details (to be filled out if the claim occurred during travel)

Date of departure	Date of return	What is the purpose of your journey?
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Destination (city and country)	Airline company/travel agent
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### To be filled out if your baggage was delayed

When did you arrive at your destination? Time \_\_\_\_\_ Date \_\_\_\_\_

When was your baggage delivered to you? Time \_\_\_\_\_ Date \_\_\_\_\_

Original receipts for your replacement purchases, the original confirmation issued by the airline company (P.I.R.) and ticket(s) or itinerary must be enclosed along with your claim form.

