

Claims form for medical expenses, etc.

Before filling in this form, please note that the information you provide will form the basis for our processing of your claim.

If there are special circumstances which are not adequately covered by the various sections of this form, please let us have the details on a separate sheet of paper together with this form.

Please sign the claims form along with the institution in whose interest you are travelling and forward it to Europæiske ERV, attention the claims department.

Claim under Policy Section(s) (please tick ✓)			
Repatriation/Escort/Summoning Illness/injury	Curtailment/Replacement Employee Dental treatment	Life Insurance/Disablement (Illness) Personal Accident	
Name of firm/organisation		Your position/title at the institution	
Your first name(s), surname		Personal identification (CPR) No.	
Private address		Postal code	City/town/country
E-mail	Phone: Mobile	Private	Office
Details of Journey			
Date of departure	Scheduled date of return	Destination	
Purpose of journey?		Airline company	
What happened?			
When and where did the injury occur?	Date	Time	Place
Description of what happened - as detailed as possible. (If relevant, please use a separate sheet of paper or sketch.)			
For Personal Accident or Assault			
Were there any witnesses to the incident?			
Yes	No	Name and address	
Has a police report been compiled?			
Yes	No	If not, why not?	
For Curtailment			
What/who was the cause of the curtailment?			
How is/was the person related to you?			
Please attach documentation for the curtailment such as medical journal or death certificate along with documentation for the expenses claimed.			
Details of treatment			
Dates on which you consulted/were treated by a physician		Dates of hospitalisation	
Diagnosis/description of illness			
Have you previously been treated for the same illness?			
Yes	No	If yes, state the date on which you last received treatment:	
Has the incident been reported to Europæiske's local office, Euro-Center)?		Yes	No
		If yes, please state case No.	
Were you repatriated?	Yes	No	If yes, when?
Your general practitioner/dentist:	Navn		Phone No.
Address			Postal code/city

Compensation claimed			
Please attach original documentation		Foreign currency	DKK
Expenses incurred on account of the illness/injury:			Compensation is to be paid directly to creditors outside Denmark (✓ for Yes)
Physician's/dentist's fees	Number of treatments/consultations		
Medicine prescribed by a physician			
Transport expenses			
Hospitalisation	Number of days		
Extra hotel expenses			
Prescribed by a physician?	Yes No	Number of days	
(If yes, please attach original documentation)			
Other extra expenses incurred in connection with the (illness/injury)	Please specify		
Expenses incurred in connection with Escort/Summoning	Please specify		
Has an amount on account been paid in connection with the above claim?			
Yes	No	DKK:	Paid out (date):
		Paid by:	
Other insurance			
The institution's Industrial Injuries insurance?			
Company:		Policy No.:	
Has the claim been reported to this company?		Yes	No
With which insurance company have you taken out a personal accident/health insurance policy?			
Company:		Policy No.:	
Has the claim been reported to this company?		Yes	No
Method of payment			
The compensation is requested to be transferred to bank or giro account which belong to		The Institutionen	You
If payment to the institution please state EAN No.			
Bank Reg.No. and Account No.		Giro Account No.:	
Iban No.			
Name and address of the bank			
Underskrift m.v.			
I hereby accept that Europæiske ERV procures information about the state of my health with a view to obtaining the information necessary for the evaluation of the insurance event and for the assessment of the claim. My acceptance solely comprises medical reports from the date on which the policy came into force and until the final assessment date of the benefit. When supplementary medical records are issued by physicians, a special declaration is used, supplemented - at Europæiske ERV's request - with a copy or an extract of relevant case records. The reports can be procured from authorised persons within the health care sector, hospitals and health care institutions, public authorities and insurance companies/pension funds. Other insurance companies, pension funds, the Danish Industrial Injuries Compensation Board, and other authorised persons within the health care sector, involved in the case, are allowed to become acquainted with the medical records procured. I furthermore accept that information is procured from the Danish Industrial Injuries Compensation Board during the Board's evaluation.			
Insured's signature		Dato	
Signed and stamped on behalf of the firm/organisation		Dato	