

**Claim notification
Travel Insurance
Medical and Emergency Expenses Abroad**

Policy number: _____

Policy Holder	Full Name: _____ Phone: _____ Address: _____ E-mail: _____ Postal Code/City _____ CPR-number: _____
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Insurance period	From: ____/____/____ Till: ____/____/____
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Description of Incident	Illness	Accident
	When and where did the illness occur? Date: ____/____/____ Place: _____	When and where did the accident happen? Date: ____/____/____ Place: _____ If the accident happened during sport activities, please state the type of activity: _____

Please describe why and how you visited the doctor/hospital

By any other event please describe what happened:

Name and addresses of all involved:

Did you receive treatment for this illness prior to leaving your country of residence? Yes: _ No: _

If yes, please give a short explanation of change in your condition:

<u>Description of expenses</u>	<u>Amount</u>

Send to: Van Ameyde Denmark ApS e-mail: travel@vanameyde.dk
Lindvangs Alle 6 tlf.: +45 33 32 47 74
DK-2000 Frederiksberg. fax: +45 33 15 47 12
Denmark

