

# Baggage/personal liability/ legal aid



## Claim Form

(It is possible to complete the form electronically, but it must be signed by hand)

To be completed by the person to whom the claim relates or their parent or guardian if that person is under 18 years old.

Date of birth	<input type="text"/>	Policy No.	<input type="text"/>	-	<input type="text"/>
First name(s)	<input type="text"/>				
Family name(s)	<input type="text"/>				
Address	<input type="text"/>				
Postal code	<input type="text"/>	City	<input type="text"/>		
Country	<input type="text"/>				
Telephone day	<input type="text"/>		Telephone evening	<input type="text"/>	
Email	<input type="text"/>				
Employer	<input type="text"/>		Contact person	<input type="text"/>	

### Authorisation of person - To complete if necessary

I hereby authorise

Name of person (in full)

Relation to insured person

Date of birth

Address

Email

Phone number (including country code)

To contact Bupa Global Travel on my behalf in relation to policy administration, including but not limited to claims assessment and preauthorisation of treatment, and I give my consent for Bupa Global Travel to exchange information, including medical information with the authorised person for the purpose of such policy administration. I understand that I have the right to withdraw the authorisation at any time by contacting Bupa Global Travel.

### Information about the trip

Purpose of the trip  Leisure  Business  Combined leisure/business  Expatriation

Destination (city/country)

Date of departure

Scheduled date of return

### The claim relates to

- Fire  Theft/burglary/robbery  Personal liability  Legal aid  
 Loss  Damage  Flight delay & late arrival  Deductible contents or car

### Where and when did the incident occur?

Place

Date

Time

 : 

### Description of the event

An additional list of details can be enclosed separately

**Who can confirm the course of the event**

Name																																	
Address																																	
Telephone																																	
Email																																	

**Police report, etc.**

Has the claim been reported to the police/airline company or the like?  Yes  No  
 (Copy of the report must be enclosed)

If no, why not?

**In the case of theft/burglary/robbery**

Where was the object kept?

Was the place where the object was kept locked?  Yes  No

Were there any visible signs of forced entry?  Yes  No

If yes, what signs?

**Theft from a car – also to be used for deductible for car insurance**

Where in the car were the stolen objects placed?  The cabin  Separate compartment  Other place

Any damage to the car?  Yes  No

If yes, please describe the damage

  
  

Registration number of the car

Make of car

Insurance company

Policy number

Car rental company (if any)

**Specifically in case of damaged/lost luggage while in the care of the transport company**

Has the case of damaged/lost luggage been reported to the airline company or any other transport company?  Yes  No

If no, why not?

  
  

Have you received any compensation from the airline company or any other transport company?  Yes  No

If yes, how much? (Documentation must be enclosed) Amount

If no, how much do you expect to receive?



An additional list of details can be enclosed separately.  
Bupa Global Travel uses the average exchange rate of the Central Bank of Denmark when calculating the reimbursement.  
In case you request that the actual applied exchange rate is used, we kindly ask you to enclose documentation with the claim.

**The following documentation must be enclosed**

- Copy of report from police/hotel/airline/other transport company
- Copy of the receipts of purchase
- Copy of air ticket/boarding card or travel certificate where travel dates are indicated

**Information about other insurance**

Do you have insurance cover with another company?  Yes  No

If yes please fill in the information below:

**Travel insurance:**

Name of Company

Policy number

Has the claim been reported to that company?  Yes  No

**Household insurance:**

Name of Company

Policy number

Has the claim been reported to that company?  Yes  No

**Payment method - Your choice of reimbursement method cannot be altered after the claim has been processed**

The amount should be reimbursed to:  Policyholder  Provider  Other

Name

Address  Postal Code

City

State

Country

The amount should be reimbursed in the following currency

DKK  USD  CHF  EUR  GBP  Other \_\_\_\_\_

**Please transfer reimbursement to the following account - Make sure to complete all the information required.**

Name of bank

Address

BIC / S.W.I.F.T. Code / ABA number

IBAN

Account no.

Account holder

## Privacy notice

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: [www.global.ihl.com/Service/Privacy+Notice.aspx](http://www.global.ihl.com/Service/Privacy+Notice.aspx). If you do not have access to the internet and would like a paper copy of the full privacy notice, please contact the Bupa Global service team on +45 70 20 70 48. Alternatively, you can email or write to the team via [travel@ihl-bupa.com](mailto:travel@ihl-bupa.com) or Bupa Global, Palægade 8, DK-1261 Copenhagen K, Denmark.

### Information about Bupa Global

In this privacy notice, references to “we” or “us” or “our” are to Bupa Global. For company contact details, visit [www.bupaglobal.com/legal-notices](http://www.bupaglobal.com/legal-notices).

### 1 Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services (“you”, “your”), in any way (for example email, website, telephone, app).

### 2 Ways in which we obtain personal information

We collect personal information from you and from certain third parties (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

### 3 Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

### 4 Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by applicable law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

### 5 Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

### 6 Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

### 7 Transfers outside of the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the EEA (the EU member states and Norway, Liechtenstein and Iceland), for the purposes set out in this privacy notice.

### 8 How long we keep your personal information

We keep your personal information in line with periods using the criteria shown in the full privacy notice available on our website.

### 9 Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

### 10 Data Protection Contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at [travel@ihl-bupa.com](mailto:travel@ihl-bupa.com). You can also use this address to contact our Data Protection Officer.

We are regulated by the Data Protection Commissioner ([www.dataprotection.ie](http://www.dataprotection.ie)) who can be contacted at, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel +353 (0)761 104 800 or +353 (0)57 868 4800.

You have a right to make a complaint to them or to your local privacy supervisory authority.

## Declaration

I, the undersigned, declare that all information given in this claim form is in accordance with the truth and that nothing is concealed. I authorise Bupa Denmark, filial af Bupa Global DAC, Irland (the Company) to obtain information from any doctor, hospital or insurance company concerning myself or any co-insured in order to process the claim in accordance with the policy conditions.

Date

Signature

**Bupa Global Travel** ◦ Palaegade 8 ◦ DK-1261 Copenhagen K ◦ Denmark ◦ Tel: +45 70 20 70 48 ◦ Fax: +45 70 14 15 11 ◦ Email: [rejseskader@ihl-bupa.com](mailto:rejseskader@ihl-bupa.com) ◦ [www.ihl.com](http://www.ihl.com)

**Bupa Global Assistance** ◦ Tel: +45 70 23 24 61 ◦ Email: [emergency@ihl-bupa.com](mailto:emergency@ihl-bupa.com)

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