

Claim Form

Personal accident insurance

Dental injury sustained by an adult

Please avoid using staples – use a paper clip instead! We will scan any enclosures

Policyholder

Name	
Address	
Postal code	Town/city
Email	

Claim no.

(to be completed by Privatsikring)

Policy no.
Tel. (home)
Tel. (work)
Social Security no.

Claimant	Name of claimant	Occupation
	Address	Tel.
	Postal code and town/city	
Bank details	Reg.no.	Account no.
Accident	When did the accident occur? Date and time	Where did the accident occur? Address
	The accident occurred <input type="checkbox"/> During the claimant's spare time <input type="checkbox"/> On the employer's premises <input type="checkbox"/> While working as a self-employed person (own business) <input type="checkbox"/> While working for an employer <input type="checkbox"/> While running an errand for an employer <input type="checkbox"/> While travelling to/from work	
	How did the accident occur?	
	What caused the accident?	
	Was any other bodily injury sustained?	
	Where were you first examined after the accident?	When? (day/month/year)
	Had you consumed any alcohol, drugs, medicine or similar substances during the 24 hours prior to the accident? <input type="checkbox"/> No <input type="checkbox"/> Yes – please state what you consumed and how much	
	Was the accident reported to the police? <input type="checkbox"/> No <input type="checkbox"/> Yes – please state the name of the police station	
	Were you in perfectly good health and fit for work at the time of the accident? <input type="checkbox"/> No – please state why not <input type="checkbox"/> Yes	
	What was your daily work at the time of the accident?	
Are you covered by any other accident insurance, for example a personal insurance or an insurance taken out via your workplace, a trade union or similar? <input type="checkbox"/> No <input type="checkbox"/> Yes – please state the name of the insurer		
Are you a member of Sygeforsikringen "danmark" (Health Insurance Denmark)? <input type="checkbox"/> No <input type="checkbox"/> Yes – which group (1, 2, 5 or 8)		

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This is why you need to give your consent

Pursuant to the Danish Insurance Contracts Act, when you report a claim to Privatsikring Forsikring A/S ('Privatsikring'), you have a duty to provide Privatsikring with all available and relevant information which

may be of importance to the assessment of the injury and the calculation of the compensation.

Consent with regard to the collection and disclosure of information

I hereby consent to:

- Privatsikring collecting, using and disclosing information about me which Privatsikring deems necessary to assess my claim for compensation.
- The parties from whom Privatsikring has requested information disclosing such information.

From/to whom may information be collected/disclosed?

- Hospitals, physicians and other authorised health professionals.
- Public authorities, e.g. local authorities, the police and the Danish Working Environment Authority.
- Insurance companies, pension funds, Videncenter for Helbred og Forsikring (the Danish Centre of Health and Insurance) and the Danish Patient Compensation Association.
- Collaboration partners who perform assignments enabling Privatsikring to better assess my claim for compensation.

What information can be shared?

- Health information, including information about illnesses and any contact with the health care system.
- Social, financial and other information.

The consent applies to information obtained up until the time when Privatsikring makes a decision regarding my claim.

Time limit, notification etc.

My consent is valid for one year. I may at any time withdraw my consent and/or have any incorrect or misleading information corrected or deleted. The people involved in my case will be informed about my consent.

I will be notified every time Privatsikring obtains information. I will be informed as to why the information is obtained, what information is obtained and disclosed and for what period, and from whom the information is obtained.

Declaration relating to information

I hereby declare that the statements and information given are true in every respect. I am aware that any misrepresentation and non-disclosure may result in the compensation being reduced or not being paid.

Privatsikring's assessment of your information

Privatsikring will retain your information. Privatsikring may obtain additional information about you and your injury through publicly available media, sources and witnesses etc. in order to assess your claim. Privatsikring will retain the information for as long as it may be necessary in relation to your insurance and the claims made.

My consent and any information obtained will be processed in accordance with the provisions of the Danish Act on Processing of Personal Data.

Is the injured party under guardianship No Yes
If yes, please state the name and address of the guardian.

Guardian

Name	
Address	
Postal code	Town/city

Must be completed

Date	Injured party's signature	Guardian's signature (if the claimant is under the age of 18 or is under guardianship)
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To be submitted to:

Privatsikring, Ulykkeskade, Midtermolen 7, DK-2100 Copenhagen Ø – or via email to ulykkeskade@privatsikring.dk