Ankenævnet for Forsikring

Complaints form

Fee: DKK 200.00 - The handling of the case will not begin	until receipt of the fee. A giro transfer form is enclosed
Name:	
Occupation:	
Adress:	
Postal code:	City & Country:
Home phone:	Work phone:
Insurance Company:	
Insurance Policy type:	
Policy no.:	
Claim no.:	
Date of event:	

Please observe the following important conditions for lodging a complaint:

- The complaint fee is DKK 200.00. The handling of the case will not begin until receipt of the fee by the Complaints Board. (DKK 40,00 of the fee is VAT)
- The Complaints Board only considers complaints relating to the complainant's own insurance company. Accordingly, complaints cannot be lodged by counterparts in liability cases.
- Complaints cannot be considered by the Complaints Board unless the complainant has first complained to the insurer and been refused or received an unsatisfactory reply. Please enclose the reply from the insurer.
- Complaints can be lodged by complainants who have waited three weeks or more for a reply to a written complaint to the insurer

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The Danish Insurance Complaints Board was set up by the Consumer Advisory Council and the Danish Insurance Association to consider complaints from consumers concerning insurance matters and is approved by the Consumer Complaints Board in pursuance of Art. 5 in the Danish Consumer Complaints Board Act.

Please note that the below mentioned questions must be answered. Otherwise, the complaints form will be returned.

When did you receive the insurers decision?	Date:
When did you complain to the insurer over the decision?	Date:
When did the insurer reply?	Date:
The insurer has not replied.	

For your information the decision in the case will be published on the Complaints Board's home page in an anonymous form.

On the Complaints Board's home page www.ankeforsikring.dk you will find the Complaints Board's regulations as well as decisions made since 1986.

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1. Statement of claim, a brief outline of the case. A Supplementary statement may be enclosed.
2. What specifically do you want to achieve from the insurance company/what do you want the insurance company to do?
3. Annexes to the case (policy, policy endorsement, correspondance, sketches, etc.) Note: Received letters and enclosures are not returned. Please forward copies.
4. Power of attorney. I hereby give the Complaints Board power of attorney to obtain all information, including my medical reports, when handling my complaint. Likewise, the Complaints Board is authorized to forward all information in the case to the company against whom the complaint is lodged.
Place and date:
Signature of complainant: