Ankenævnet *for* Forsikring

Complaints form

Remember to sign on page 6

Due to an increasing number of complaints, our average case processing time is approximately 10 months.
Please be aware that it may take up to 150 days from the time both you and the insurance company have submitted your final comments until the Complaints Board reaches a decision in your case.
We are unable to compel the insurance company to process your case any faster.
Therefore, you may only file a complaint with us once you have received a decision from your insurance company, have lodged a complaint regarding that decision with the company, and the company has responded to your complaint.

I have read the above **Yes** ☐

Name:

Adress:

Postal coce: **City and country:**

Phone:

CPR number:
We ask for your CPR number in order to facilitate any potential refund of the complaint fee to your NemKonto.

Insurance company:

Insurance policy type:

Policy No.:

Policy No.:

Claim No.:

Date of event:

The complaint fee – DKK 300 (incl. VAT) – must be paid at the same time as the complaint form is submitted.

Processing of the case cannot begin until the fee has been paid.
We will refund the fee if your complaint is upheld, either in whole or in part, or if we are unable to process the complaint.

Payment details:
The amount has to be transferred to our account in Danish Kroner free of charge for us.
IBAN: DK31 3000 0009 0786 30
BIC/SWIFT: DABADKKK

Date of payment of the complaint fee:

<u>Note important conditions for filing a complaint</u>:

- The Complaints Board only considers cases concerning private insurance, not commercial insurance
- The Complaints Board only considers complaints relating to the complainant's own insurance company. An opposing party in a liability case cannot file a complaint
- Before you complain to the Complaints Board, you must have complained to the insurance company about their refusal to cover your claim.

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When did you complain to the insurance company?
The questions below must be answered; otherwise, you should expect us to reject the complaint. Please attach copies of the letters/emails mentioned below to your complaint.

When did you receive the insurance company's first rejection? Date:

When did you complain to the insurance company about their refusal to cover your claim? Date:

When did the insurance company respond to your complaint? Date:
In other words, when did you receive the second rejection from the company?

The insurance company has not replied ☐
You are only entitled to file a complaint once the insurance company has failed to respond to your complaint for 2 months. We recommend that you follow up to request a response during this period.

Review by another appeals board or other bodies?

Is the complaint being processed by another appeals board in Denmark or abroad? Yes ☐ No ☐

If so, which one?

Has this complaint been resolved by a court judgment, valid binding arbitration, or a court-approved settlement? Yes ☐ No ☐

Note: The Board's ruling (decision) in the case will be published in an anonymized form on the Board's website.

The Complaints Board's statutes, previously issued decisions, etc., can be viewed at www.ankeforsikring.dk

1. Case presentation; a brief account of the matter. Supplementary information may be attached if necessary.

2. What specifically do you want to achieve form the insurance company?
Must be filled out

3. Annexes to the case (the company's first rejection, your complaint to the company, the company's second rejection)
Submitted documents are scanned into the case file and subsequently shredded. Therefore, please submit copies only.

4. Consent

In submitting my complaint to the Insurance Complaints Board (hereinafter 'the Complaints Board'), I consent to the following:
In order to decide my complaint, the Complaints Board may:

- Receive, store and acquaint itself with the content of all information that I provide and may disclose this information to the insurance or pension company against which I am lodging a complaint.
- Receive, store and acquaint itself with the content of all information – including special categories of personal data (for example, health information) and information about criminal offences – that the insurance or pension company complained against provides to the Complaints Board, regardless of the insurance or pension company's duty of secrecy.
- Disclose all information provided by me and by the insurance or pension company complained against to the members of the Complaints Board who are to participate in deciding my case.
- Reproduce all relevant information received from me and from the insurance or pension company complained against in the decision made by the Complaints Board.

If I provide personal data about others, I declare that I have obtained the consent of the persons in question to include their personal data in my complaint and – in line with the above – that such data may be processed by the Complaints Board, the insurance or pension company complained against and the members of the Complaints Board who are to participate in deciding my case.

I am aware that the connection to the Complaints Board's portal is encrypted to the extent my device supports encryption.

Rights of data subjects

As a data subject, you have certain rights under Articles 15-22 of the General Data Protection Regulation. Should you wish to exercise one or more of your rights, you can do so by writing to us via the case portal, to our e-mail address ankeforsikring@ankeforsikring.dk or by letter. Please state which right(s) you wish to exercise.

Withdrawal of consent

You may at any time withdraw your consent to the Complaints Board's processing of your personal data. You can do so by writing to us via the case portal, to our e-mail address ankeforsikring@ankeforsikring.dk or by letter.

If you withdraw your consent, the case data will be erased and will no longer be accessible. Cases not yet decided by the Complaints Board will be considered withdrawn and closed accordingly. Your withdrawal of consent does not affect the legality of the Complaints

Board's processing of personal data prior to the time of withdrawal, or the legality of a decision already made.

Confirmation
I wish to lodge a complaint to the Insurance Complaints Board and give the above consent to the processing of my data.

Place and date:

Signature of complainant: