**Claimant**

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| --- | --- |
| Full name of the claimant: | Civil reg. no.: |
| E-mail (work): | Telephone no. (work): |
| Is the claimant a member of *Sygeforsikringen ‘danmark’?* | If yes, state which group: |
| Department/administrative division/unit: | |
| Address: | Postal code and town/city: |

**Course of events**

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| 1. Date and time for the damage. |  | |
| 2. Where did the damage occur?  If the damage occurred outside the institution’s premises, please state where the damage occurred and why the claimant was there. |  | |
| 3. What type of work was the claimant doing, when the damage occurred? |  | |
| 4. Does the claimant always wear glasses? |  | |
| 4a. Does the claimant use glasses/contact lenses when working? |  | |
| 4b. Was the claimant wearing glasses/contact lenses, when the damage occurred? | If yes, please disregard 4c. | If no, please answer 4c. |
| 4c. Where did the claimant keep his/her glasses/contact lenses? |  | |
| 5. What was the reason why the glasses/contact lenses became damaged? |  | |
| 6. In what way were the glasses/contact lenses damaged? |  | |

**Information about the broken glasses/contact lenses**

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| 1. When were the glasses/  contact lenses bought? |  | Please enclose a copy of the invoice from when the glasses/contact lenses, which are now broken, were purchased. |
| 2. How much did they cost? |  |
| 3. Where were they bought? |  | |
| 4. What type of eyeglass lenses were in the glasses?  (mark X) | Regular lenses: | |
| Bifocal lenses: | |
| Tinted lenses: | |
| With anti-reflection coating: | |
| Other types: | |

**Repair and repurchase**

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| 1. Is it possible to repair the damage?  (mark X) | Yes | If it is possible to repair the damage, please enclose an invoice specifying the repair. |
| No |
| 2. Has it been necessary to repurchase glasses/contact lenses? | Yes | If yes, please enclose a specified invoice. |
| No |
| 3. Is a specific spectacle frame required e.g. because of allergy or requirement for lightweight glasses (mark X)? | Yes | If yes, please enclose documentation. |
| No |
| 4. Has a contribution for repair or repurchase been received? | If yes please state the amount: | If a contribution has been received, the amount will be deducted from any possible compensation, if the sum of the compensation and the contribution exceeds the actual expenses. |
| No |

**By signing this document, I confirm that all the information above is correct.**

|  |  |
| --- | --- |
| **Date** | **The claimant’s signature** |

**Skemaet sendes til** [**arbejdsskader@au.dk**](mailto:arbejdsskader@au.dk)

**Remember to enclose a specified invoice for repair or repurchase.** Unanswered questions may lead to compensation being denied. The information will be passed on to the Danish Arbejdsmarkedets Erhvervssikring, if the eyeglass damage has occoured in connection to a work-related accident.