Forsikring & Pension

Guide for online Claim History business, agriculture, vehicle and private

Version 3.0 Final

Document Information

Title:	Guide for Online Claim History business, agriculture, and vehicle
Project:	EDI Office industry coordinated data exchange
By:	Mette E. Jespersen, F&P EDI Office
Document contributors:	Morten Lassen, F&P IT Department
Approved by:	Mette E. Jespersen, F&P EDI Office
Person responsible for document:	Mette E. Jespersen, F&P EDI Office
Distribution:	EDI Office, F&P Available for stakeholders in the data exchange
Comment:	The document can be requested from F&P
References	Appendix 1 REST API Appendix 2 Updating History Appendix 3 Rules and principles for information exchange Appendix 4 Consent EDI-guide for Opsigelser, Appendix 2 Industry groups

Change log

Version	Date	Changed pages or sections	Comments
2.0 Draft A	June 2018		1st edition
2.0 Draft B	September 2018		2nd edition
2.0 Draft C	December 2018		3rd edition
3.0 Draft A	February 2019		4th edition
3.0 Draft B	March 2019		5th edition
3.0 Draft C	July 2019		6th edition
3.0 Draft D	January 2020		7th edition
3.0 Draft E	January 2020		8th edition
3.0 Draft F	January 2020		9th edition
3.0 Draft G	March 2020		10th edition
3.0 Draft H	June 2020		11th edition
3.0 Final	September 2020		12th edition

Table of contents

1 INTRODUCTION 4

1.1 BACKGROUND 4
1.2 GENERAL INFORMATION ABOUT THE GUIDE FOR ONLINE CLAIM HISTORY 4

2 PROCEDURES 5

2.1 GENERAL INFORMATION ABOUT PROCEDURES 5
2.1.1 Basic criteria 5
2.1.2 Compliance with the guidelines 7
2.1.3 Consent checking 7
2.2 REQUEST PROCEDURES 7
2.3 PROCEDURES FOR RESPONSES 8
2.4 PROCEDURES FOR INFORMATION 10
2.5 PROCEDURES FOR STORING AND PROCESSING OF DATA 12
2.5.1 Storing of data and consent 12
2.5.2 Data use 12
2.6 RESPONSE DEADLINES 13
2.7 AVAILABILITY 13
2.8 DATA CONTENTS 13
2.8.1 Request 13
2.8.2 Response to request 14
2.9 DEFINITIONS AND CLARIFICATIONS 17
2.9.1 SenderID 17
2.9.2 RecipientID 17
2.9.3 Request date 17
2.9.4 Reference number (request and response) 17
2.9.5 Policyholder/insured identification type 17
2.9.6 Object identification type (request) 17
2.9.6.1 For all industry groups 001, 002, 003, 004, 005 and 006 18
2.9.6.2 Specifically for industry group 001 Vehicles 18
2.9.7 Request type 18
2.9.8 Confirmation of consent for claim history/bonus 18
2.9.9 Confirmation of consent for arrears 18
2.9.10 Industry/product groups 18
2.9.11 Commencement date 19
2.9.12 Termination date 20
2.9.13 Vehicle type 20
2.9.14 Number of claim-free years 20
2.9.15 Date of last step change 20
2.9.16 Fixed premium 20
2.9.17 Arrears 20
2.9.18 Object identification type (request - only for 001 Vehicles) 21
2.9.19 Coverage level 21
2.9.20 Claim date 23
2.9.21 Claim type 23
2.9.22 Claim status 24
2.9.23 Claim amount paid 24
2.9.24 Manually determined reserves 25
2.9.25 Prejudicial (only applies to 001 Vehicle) 27

3 SECURITY 29

4 LOG 30

1 Introduction

1.1 Background

The Board of F&P has decided to develop a new online solution for exchange of claim history between insurance companies for business and agriculture and has decided to expand the solution with vehicle and the rest of private. The development and work has also been followed closely by 'Erhvervsforsikringsudvalget', 'Motorforsikringsudvalget' and 'Privatforsikringsudvalget'. The specific development work was performed in 'AG skadehistorik på erhvervsforsikringsområdet', 'AG Skadehistorik på motorforsikringsområdet' and 'AG Skadehistorik på privatområdet'.

It has been decided that business and agriculture can be implemented with the support of at least 50 percent of the industry measured in general market shares. Vehicle and the rest of the private insurance area can be implemented with the support of at least 60 percent of the industry measured by general market shares.

The purpose of the system is to create greater openness and transparency and in particular to enhance the quality of information collected when accepting a policyholder.

1.2 General information about the guide for online Claim History

This guide applies for claim history for business, agriculture, private and vehicles as well as for bonus requests for vehicles.

The primary aim of the guide is to describe the technical guidelines for the exchange of data in electronic format between insurance companies.

Only one valid version of the guide is in use.

The EDI Office at F&P is responsible for maintaining the guide.

2 Procedures

This section describes the procedures for claim history for business, agriculture, vehicle and private.

2.1 General information about procedures

2.1.1 Basic criteria

- The condition for sending a request is consent from the policyholder/insured, that the recipient of the request is signed up for the industry group and that the requesting company offers insurance in the relevant product group(s).

- The companies are responsible for obtaining, storing and auditing consent from policyholders/insured. The companies are responsible for ensuring that they have a procedure in place in case the policyholder/insured withdraws the consent. See also Appendix 4, Consent.

- The Claim History solution consists of online exchange of claim history for:
    - Vehicle (industry group 001) for the product groups:
        - 001 Vehicles
        - 002 Trailers
        - 003 Mopeds without license plate
        - 004 Distributor-related products
        - 005 Collective policies/Fleet policies
        - 006 Carrier liability
        - 007 Driver insurance
        - As well as bonus information for industry/product group 001/001
    - Private (industry group 002) for the product groups:
        - 001 Building
        - 002 Content
        - 003 Liability
        - 004 Travel
        - 005 Animal insurance
    - Business (industry group 004) and Agriculture (industry group 006) for the product groups:
        - 001 Building
        - 002 Content
        - 003 Liability
        - 004 Technical
        - 005 Maritime goods/Transport
        - 006 Workplace injury
        - 007 Miscellaneous
        - 008 Patient insurance (only for 004 Business)
        - 009 Health insurance (only for 004 Business)
    - Pleasure craft (industry group 003) for product group
        - 001 Pleasure craft
    - Accident (industry group 005) for product group:
        - 001 Personal accident
        - Accident under industry group 006/008 is stated under industry group 005/001

- Online exchange of data between the insurance company and the FP server is done via REST API.

- The solution is based on requests on the policyholder's CPR number or CVR number.
- Data must be in real-time[1].
- A general rule for the solution is that requests must only be sent to the companies with which the customer has been insured. The companies do have the option, however, of sending requests to more than one company. Read more about this in 'Vejledning til forespørgsler i flere selskaber'.
- If an insurance company experiences problems (beyond 1 day) with the exchanging of bonus information and/or claim history, the company must contact the EDI Office in order for the EDI Office to notify the other companies participating in the solution. In case of system updates and the like of less than 1 day's duration, the open/closed functionality is used.
- If a company wishes to add/remove industry and/or product groups, they must contact the EDI Office with to changing the EDI system connections. If a company ceases to be signed up for a product group, the company is still obligated to provide data for a 5-year period.
- If the company has or gains 'underselskaber', both the main company and 'underselskaber' must be signed up for Claim History.
- Bonus information is exchanged on the basis of the company's information in its own systems, and claim history is exchanged for those years during which the company has insured the policyholder/insured, but no more than 5 years from the request date. If the policyholder has held insurance with multiple insurance companies within the previous 5 years, requests can be sent to both current and previous companies - one request per company.
- Bonus information and claim history comprise Danish, Greenlandic and Faroe Island customers with CPR or CVR numbers.
- For all agreements between registered companies regarding added portfolios or buying another insurance company after the implementation date (4 September 2017 for business and agriculture, 31 October 2019 for vehicles and 14 September 2020 for the rest of the private area), it applies that the receiving company is responsible for ensuring that data can be provided for the previous 5 years for the receiving company. The 5-year-period is counted from the point where the system is fully matured, i.e. 5 years after the mentioned implementation dates. Specific queries regarding practicalities related to take-over situations can be directed to the EDI Office, edi@forsikringogpension.dk
- The claim history solution is exclusively aimed for insurance companies. Brokers, agents, public companies, etc. are not part of the solution.

[1]As an exception, however, a special agreement can be entered into with F&P under which it can be accepted that data is a maximum of 24 hours old, meaning the previous business day (Sundays and holidays not included). Exhibited data must be identical to data at 24:00 on the previous business day.

In other words, historical data must not be used. The reason is that there is a risk that a policyholder reports a claim and then receives an offer from a new company without the company being informed of the claim - this cannot, however, completely eliminate the risk, as there can be a delay between the reporting of the claim and the recording of the claim in the company's system.

- The FP server only logs information regarding the data communication and the request. The companies are responsible for logging the content in their own systems. See also Chapter 3, Security and Chapter 4, Log

- F&P acts as a central hub to which all requests and responses are sent:
    - F&P receives a request from Company 1
    - F&P forwards the request to Company 2
    - Company 2 generates a response and returns the response to F&P
    - F&P forwards the response to Company 1

See also the flow diagram in Appendix 1, REST API

2.1.2 Compliance with the guidelines

Failure to comply with the guidelines relative to the submission of correct information, response deadlines, etc. will result in the EDI Office contacting the company's Claim History contact person to deliver a warning. If the problem persists, the company's representative on 'Erhvervsforsikringsudvalget', 'Motorforsikringsudvalget' or 'Privatforsikringsudvalget' or a senior person in the company will be contacted for the purpose of identifying a solution to the issue. As a final step, it may be necessary to remove the company from the solution.

2.1.3 Consent checking

The consent requirements are described in Appendix 4, Consent.

It is up to each individual company to ensure the auditing of the consents they have obtained.

The consent is not included in the request. If in some cases a company doubts whether the consent has been obtained, the company can request to see documentation for obtaining consent. In case of companies being unable to provide satisfactory consent, this will be presented to 'Erhvervsforsikringsudvalget', 'Motorforsikringsudvalget' and/or 'Privatforsikringsudvalget' which will discuss the need for further measures.

2.2 Request procedures

Companies can submit a request to the policyholder's current and previous companies and receive a response.

If the company makes a request for at least 1 industry/product group for which it is not signed up for, a rejection will be received from the FP server.

Companies generate the request in their own system and send it to the FP server via API.

Claim History is based on a principle of one request per CPR number of CVR number.

For companies with Policyholder 1 and Policyholder 2, consent from Policyholder 1 will provide information about claims on the policies held by Policyholder 1 and consent from Policyholder 2 will provide information about claims on policies held by Policyholder 2. It is up to the individual receiving companies to sort out any dublets (= claims that both policyholders are part of) in the display to own employees if desired by the company.

If the policyholder is not or has not been created as policyholder/co-insured of a policy, the request will have to be responded to as unknown customer.

For policies with only one policyholder on the policy, consent will give access to all claims on the policyholder's policy.

One request is sent per CPR No. (Policyholder 1 and Policyholder 2) and one response is received per request.

Example 1 – one request per policyholder – the response is:
- unknown customer (Policyholder 1)
- claims/bonus (Policyholder 2)

Example 2 – one request per policyholder – the response is:
- claims/bonus (Policyholder 1)
- claims (Policyholder 2)

if some insurances are in the name of one person and some in the name of the other.

2.3 Procedures for responses

The company receiving a request must only submit its own information in the response. The company must not disclose any information it may have received when accepting the policyholder.

Claims are included for up to the previous 5 years from the request date.

If nothing is included in a product group, this can mean 2 things:

- The company is not signed up for the product group in question
- The policyholder does not have a policy in the product group

Claims are returned as a list under the policy in question.

A request must always be responded. Only one response will be submitted per request.

If a request is made for a policy in arrears, the response must be marked as follows:

- "Arrears"

Arrears is stated for all product groups and regardless of whether a policy is current or has been deleted/exported.
In some companies, this will be after the 1st reminder or the 2nd reminder and in some companies perhaps already after the original payment date has been exceeded if this date is the same as the reminder date.

Specifically for vehicles
In case of a request for a policy with multiple policyholders, only one of the policyholders has to match the person in the request.

If there are 2 policyholders in the receiving insurance company, only one of the policyholders has to be matched. In other words, if the sender only has one policyholder and the receiving company has 2 policyholders, one policyholder is still entitled to receive

claim history/bonus information, even though both persons have not given consent. Consequently, only one of the 2 policyholders needs to match for a request to be responded to (not rejected). This was decided by 'Motorforsikringsudvalget' on 26 March 2015.

Specifically for private and agriculture
The following industry/product groups are to be considered equal while companies, e.g., may have private buildings under an agriculture product and a claim would then not be included if the request only uses CPR number for industry/product group 002/001:

- 002/001, 004/001, 006/001 Building
- 002/002, 004/002, 006/002 Content
- 002/003, 004/003, 006/003 Liability

Private claims under agriculture claims must be indicated as private claims under 002/001 in the response.

Change of ownership and seller/buyer claims are not part of the claim history solution and must therefore not be part of the answer.

Specifically for travel
Medical pre-approvals must not be included in the claim history solution.

The response may include multiple claims with the same claim date, e.g., on travel insurance with payments on several coverage levels: lost travel days etc. It is up to the receiving company to interpret the claims relative to their own coverage rules and potentially combine claims with a shared claim date into one claim.

Specifically for accident
The following industry/product groups are to be considered equal as companies may have private accident insurance under an agriculture product and a claim would then not be included if the request only uses CPR number for industry/product group 005/001:

- 005/001 and 006/008 Accident.
- Industry/product group 006/008 is not part of the solution. A request for 005/001 will result in a response for all private accident policies, regardless of whether they are placed in 005/001 and/or 006/008

Claims for deceased individuals must not be exchanged.

For accident policies, claims are stated per insured. Is a person turnes 18 years, the claim history can be provided 5 years back in time with the consent of the insured. Is the person not 18 years of age, information can be disclosed with the consent of the insured's guardian/parents.

Example 1
- Policy 1 (current insurance company)
- Policyholder 1/Insured 1 = Male 50 years old
- Policyholder 2/Insured 2 = Female 48 years old
- Insured 3 = Child 1, 15 years old
- Insured 4 = Child 2, 19 years old

- Offer from new insurance company for a policy to coverage all 4 people in the new insurance company

- Consent from Policyholder 1, Policyholder 2 and Insured 4
- 4 separate requests – one for each insured (CPR No.)
- Claims regarding Insured 1, Insured 2, Insured 3 and Insured 4 are returned as 4 separate responses.

Example 2
- Policy 1 (current insurance company)
- Policyholder 1/Insured 1 = Male 50 years old
- Insured 2 = Female 48 years old
- Insured 3 = Child 1, 15 years old
- Insured 4 = Child 2, 17 years old

- Offer from new insurance company for a policy to coverage Insured 2 and the 2 children
- Consent from Insured 2
- 3 separate requests – one for each insured – Insured 2, Insured 3 and Insured 4 (CPR No.)
- Claims regarding Insured 2, Insured 3, and Insured 4 are returned as 3 separate responses.

Example 3
- Policy 1 (current insurance company)
- Policyholder 1/Insured 1 = Male 50 years old
- Policyholder 2/Insured 2 = Female 48 years old
- Insured 3 = Child 1, 15 years old
- Insured 4 = Child 2, 17 years old

- Offer from new insurance company for a policy to coverage the 2 children
- Consent from Policyholder 2/Insured 2
- 2 separate requests – one for each insured – Insured 3 and Insured 4 (CPR No.)
- Claims regarding Insured 3 and Insured 4 are returned as 2 separate responses.

Example 4
- Policy 1 (current insurance company)
- Policyholder 1/Insured 1 = Male 50 years old
- Policyholder 2/Insured 2 = Female 48 years old
- Insured 3 = Child 1, 15 years old
- Insured 4 = Child 2, 19 years old

- Offer from new insurance company for a policy to coverage Insured 4
- Consent from Insured 4
- 1 request for Insured 4 (CPR No.)
- Claims regarding Insured 4 are returned in the response

2.4 Procedures for information

Please see Appendix 3 Personal information regulations.

The following information is included in the response:

Policy
- Policy No.
- Policy commencement date
- Policy expiry date, if relevant

- Arrears
- Industry/product group
- Product name
- Object type
- Object identification

Claim History
- Industry/product group
- Product name
- Registration number
- Chassis number
- Coverage level
- Claim date
- Claim type
- Status
- Amount paid and/or reserves
- Prejudicial

Bonus (only exchanged for industry/product group 001/001 Vehicles)
- Industry/product group
- Registration number
- Chassis number
- Vehicle type
- Number of claim-free years
- Date of last step change
- Fixed premium

All claims on the policies found as a result of the request are included in the response. It is especially important for combination products that the companies can return claims for individual products.

Example:
Company A submits a request to Company B for:
- Building insurance (product group 001)
- Content insurance (product group 002)

Company B has a combination policy under product group 999, coverageing building, contents and liability. Company B's response must include product group 001 for building claims and product group 002 for contents claims - in both instances with the same policy number.

A request on CVR No. on ind/prd 004/001, 004/002 and 001/001 (reg. no. AAXXXXXX) will return claim history for all claims on ind/prd 004/001 and 004/002 and claims for the specific car with reg. no. AAXXXXXX. This example shows that the information regarding object identification/type only relates to Vehicle and not the other product groups.

If claim history/bonus is required for two specific cars, 2 requests will be required:
- 001/001 Reg. no. AAXXXXXX
- 001/001 Reg. no. BBXXXXXX

For Bonus the following applies:
- A response for Bonus can result in claim-free years of 1 year, 10 years, 20 years, etc.

- When a response for bonus is made for a request on CPR No./CVR No., bonus must be included for active policies for all active cars and not for previous/deleted cars.
- When response for bonus is made for a request on CPR No./CVR No., bonus must be included for the most recently deleted car for deleted policies, regardless of whether the same policy included several cars.
- In case of a request for bonus for a specific reg.no., bonus for this reg. no. must be returned if there has been an active policy inside the previous 5 years, and otherwise no bonus response is sent/the response is unknown customer.

The request reference number identifies the case and must be unique and must not be re-used.

If the company has or acquires multiple/other IT systems for claim handling, the companies must exchange data for all claims for the previous 5 years, regardless of whether the data are stored in different systems, organisational constellations, etc. For data predating the implementation dates (4 September 2017 for business and agriculture, 31 October 2019 for vehicles and 14 September for the rest of the private area), claim history must be supplied for the previous 5 years, where possible.

2.5 Procedures for storing and processing of data

2.5.1 Storing of data and consent

The companies are responsible for obtaining and saving consents for as long as they are required and have an appropriate purpose. Where customers withdraw their consent, companies must have a procedure for deleting previously provided consents and information in responses. See also Appendix 3, Personal information regulations and Appendix 4, Consent.

The companies' consent/confirmation letter must include a list of the companies to which requests have been made. Specifically when using the solution in connection with online sales, the customer must actively indicate the companies and industries from which claim history is desired. Regarding industries it is open to the companies to require claim history for other industry/product groups than those for which offers are retrieved. A company can, for example, require the retrieval of claim history for a home insurance if the customer only needs a content insurance.

For the benefit of auditing, companies need to store data for a certain period of time. However, in case of requests to which the response is "Unknown customer", data must be deleted immediately by the ceding company and as soon as possibly by the receiving company.

Data must not be stored any longer than necessary.

2.5.2 Data use

Requests must not be used by the receiving company to subsequently contact customers with the purpose of marketing and offers.

2.6 Response deadlines

Companies exchange claim history and bonus via REST API.

A maximum response time of 10 seconds is the aim. The response time is considered a target that all parties must strive to comply with, i.e. there must not be any central validation which stops a response which has not complied with the response deadlines.

2.7 Availability

Data exchange must be available 24/7. Any service windows must, however, be considered. As a general rule, the FP server has a short service window every 3rd Sunday of the month from 03:00 and approx. 30 minutes on for maintenance purposes. In this and similar situations, the companies will receive a Status 503 return response if the FP server is unable to contact the database server. If the FP server/endpoint is unavailable, however, the company's own system will generate an error (company specific).

The EDI office will provide advance notification to all IT technology and business technology contacts in case of planned down-times in addition to the aforementioned periods.

If a company has to disable requests/responses for a period due to maintenance or other reasons, F&P is notified via a call to an API. The same is needed on re-opening.

If the FP server responds that a company is closed, a new request has to be submitted later on.

2.8 Data contents

The data contents of request, response to request, and rejection are described below. See also Appendix 1, REST API.

2.8.1 Request

Requests must have the following data content:

- SenderID=VIRno.
- RecipientID=VIRno.
- Date/time of request
- Reference number
- Policyholder/insured identification type
    - CPR
    - CVR
- Policyholder/insured identification
- Policyholder/insured name (retrieved from the company's own systems)
- Object identification type
    - Policy No. (only for 001 Vehicles)
    - Reg. no. (only for 001 Vehicles)
    - Chassis no. (only for 001 Vehicles)
    - Combined
- Object identification
- Request type
    - Claim History
    - Bonus (only for 001/001 Vehicles)
    - Bonus and claim history

- Confirmation of consent for claim history and any bonus (yes/no)
- Confirmation of consent for arrears (yes/no)
- Industry/product group list

2.8.2 Response to request

Responses must have the following data content:

- Date/time of response
- Response code
- Response text
- Request sender ID=VIRno.
- Request recipient ID=VIRno.
- Reference number
- Policyholder/insured identification type
    - CPR
    - CVR
- Policyholder/insured identification
- Policyholder/insured name (retrieved from the company's own systems)
- Policies list
    - Policy number
    - Original policy commencement date
    - Policy expiry date
    - Arrears (yes/no/not requested)
    - Industry/product group list
    - Bonus list (only for industry/product group 001/001)
        - Industry/product group
        - Registration number
        - Chassis number
        - Vehicle type
        - Number of claim-free years
        - Date of last step change
        - Fixed premium (yes/no)
    - Claim list
        - Industry/product group
        - Product name
        - Object identification type (only for 001 Vehicles)
            - Registration number
            - Chassis number
            - Not stated
        - Object identification (only for 001 Vehicles)
        - Coverage levels list
            - 001 Vehicles:
                - Liability
                - Comprehensive
                - Glass
                - Roadside assistance
                - Driver
                - Miscellaneous
            - Private building regardless of industry/product group:
                - Liability
                - Fire – including electrical
                - Water damage (rising, breakages to visible internal pipes)

        - Weather damage (cloudburst, storm, drift damage, thaw)
        - Burglary/Theft/Vandalism
        - Sudden damage (collision)
        - Other comprehensive building – glass/basin/sanitation, animals, renovation and extension
        - Hidden pipes/cables
        - Service connection
        - Fungi/Rot/Insects
        - Miscellaneous – including legal aid, psychological crisis counselling, etc. (= all damage which is not building related)
    - Private contents regardless of industry/product group:
        - Liability
        - Fire
        - Water damage (rising, discharge)
        - Weather damage (cloudburst, storm, drift damage, thaw damage)
        - Electrical damage/electronics damage
        - Theft/Robbery/Plunder/Vandalism
        - Burglary
        - Sudden damage
        - Other contents damage (lost baggage on return from travel, refrigerator/freezer damage, glass/basin/sanitation)
        - Miscellaneous – including legal aid, psychological crisis counselling, identity theft, etc. (= all damage which is not object related)
    - Private liability
        - Liability
        - Miscellaneous
    - Private travel insurance regardless of industry/product group:
        - Illness/injury
        - Cancellation claims
        - Baggage delay – during travel
        - Other travel claims
    - Private animal insurance regardless of industry/product group:
        - Liability
        - Life
        - Illness/treatment
        - Miscellaneous
    - Pleasure craft regardless of industry/product group:
        - Liability
        - Comprehensive
        - Miscellaneous
    - Accident regardless of industry/product group:
        - Permanent injury
        - Illness
        - Dental injury
        - Treatment costs
        - Critical illness

        - Immediate compensation
        - Miscellaneous
- Claim date
- Claim type
    - Vehicle: must not be disclosed for coverage level driver
    - Building, contents, private, liability, animal insurance, pleasure craft regardless of industry/product group: must not be disclosed for coverage levels:
        - Liability
        - Miscellaneous
    - Travel insurance regardless of industry/product group: must not be disclosed for coverage levels:
        - Illness/injury
        - Cancellation claims
    - Business/Agriculture: must not be disclosed for 004/006 and 006/006 Workplace injury, 004/009 Patient insurance and 004/009 Health insurance
    - Accident regardless of industry/product group: must not be disclosed regardless of coverage level
- Claim status
- Amount paid
    - Vehicle: must not be disclosed for industry group 001 Vehicle for coverage levels driver, glass or roadside assistance unless amounts are also being paid at other coverage levels. In case of claims at multiple coverage levels above just one of these 3, the claim amount paid must be included in the response
    - Building, contents, private, liability, animal insurance, pleasure craft regardless of industry/product group: must not be disclosed for coverage levels:
        - Liability
        - Miscellaneous
    - Travel insurance regardless of industry/product group: must not be disclosed for coverage levels:
        - Illness/injury
        - Cancellation claims
    - Business/Agriculture: must not be disclosed for 004/006 and 006/006 Workplace injury, 004/008 Patient insurance and 004/009 Health insurance
    - Accident regardless of industry/product group: must not be disclosed for coverage levels:
        - Miscellaneous
- Manually determined reserves
    - Vehicle: must not be disclosed for industry group 001 Vehicle for coverage levels driver, glass or roadside assistance unless amounts are also being paid at other coverage levels. In case of claims at multiple coverage levels above just one of these 3, the claim amount paid must be included in the response
    - Building, contents, travel insurance, private liability, animal insurance, pleasure craft, accident regardless of industry/product group: must not be disclosed

    - Business/Agriculture: must not be disclosed for 004/006 and 006/006 Workplace injury, 004/008 Patient insurance and 004/009 Health insurance
- Prejudicial (yes/no – only for 001 Vehicles)

If a policyholder/insured has not had an active policy within the previous 5 years, the company must respond "Unknown policyholder/insured" even if the policyholder/insured is registered in the company's systems.

2.9 Definitions and clarifications

2.9.1 SenderID

The sender of a request or response is identified via a central number
The individual company is allocated the number by the EDI Office
As a general rule, the company will be allocated the same number as in the existing EDI solution(s).

2.9.2 RecipientID

The recipient of a request or response is identified via a central number.
The individual company is allocated the number by the EDI Office
As a general rule, the company will be allocated the same number as in the existing EDI solution(s).

2.9.3 Request date

Date and time of request generation. The format is YYYY-MM-DDThh:mm:ss.

2.9.4 Reference number (request and response)

The reference number is generated by the requesting company.
The responding company undertakes to use the same reference number in the response.

The reference number must be unique, regardless of the policyholder and industry/product group, and must not be re-used.

2.9.5 Policyholder/insured identification type

The policyholder's CPR number must be stated without spaces, hyphen or similar divisions and must consist of 10 digits.

The policyholder's CVR number must be stated without spaces, hyphen or similar divisions and must consist of 8 digits.

2.9.6 Object identification type (request)

2.9.6.1 For all industry groups 001, 002, 003, 004, 005 and 006

- Combined (ALL)

Responses are required for all the policyholder's/insured's policies under the selected industry groups (001, 002, 003, 004, 005 and/or 006).

2.9.6.2 Specifically for industry group 001 Vehicles

Requests can be made for the following identification types:

- Policy No.

Submitted without spaces, without hyphen or similar divisions.

- Reg. no.

Submitted without spaces, without hyphen or similar divisions. Use the information stated in the central vehicle register (Motorregisteret).

- Chassis No.

Submitted without spaces, without hyphen or similar divisions. Use the information stated in the central vehicle register (Motorregisteret).

2.9.7 Request type

The request must state whether claim history, bonus or both are required in the response.

2.9.8 Confirmation of consent for claim history/bonus

A value is always submitted:

- Yes = consent has been obtained
- No = consent has not been obtained

No – is not used in reality, since No to consent for claim history/bonus must never be submitted. If this should happen, the request will always be rejected.

2.9.9 Confirmation of consent for arrears

A value is always submitted:

- Yes = consent has been obtained
- No = consent has not been obtained

In case of No to consent for arrears, information about arrears must not be submitted Instead indicate 'Ej forespurgt' in the response.

2.9.10 Industry/product groups

The following product groups belong to industry group 001 Vehicles:

- 001 Vehicles
- 002 Trailers
- 003 Moped without license plate
- 004 Distributor-related products
- 005 Collective policies
- 006 Carrier liability
- 007 Driver insurance

The following product groups belong to industry group 002 Private:

- 001 Building
- 002 Contents
- 003 Private liability
- 004 Private travel insurance
- 005 Animal insurance

The following product groups belong to industry group 003 Pleasure craft:

- 001 Pleasure craft

The following product groups belong to industry group 004 Business and 006 Agriculture:

- 001 Building
- 002 Contents
- 003 Liability
- 004 Technical
- 005 Maritime goods/Transport
- 006 Workplace injury
- 007 Miscellaneous
- 008 Patient insurance (only for 004 Business)
- 009 Health insurance (only for 004 Business)

The following product groups belong to industry group 005 Accident:

- 001 Accident - private

The companies may have placed the products under different product groups, which may generate different responses depending on what product groups the request relates to.

See an in-depth clarification of product groups in 'EDI guide for opsigelser', Appendix 2 Industry groups.

2.9.11 Commencement date

The date from which there is coverage under the policy. The format is YYYY-MM-DD.

The policy commencement date shall, as a general rule, be the date on which the policy is started. If a customer has terminated an insurance, but returns to the company after, e.g., 1 year (same policy number is reused), the commencement date will be the same as the reinstatement date for the policy. Conversely, the original commencement date would have to be stated if the customer changes their mind and therefore in reality has not had a break in coverage period. When reinstating expired policy numbers, the expired and active policy must be indicated separately. The purpose is to visualise breaks in the coverage period.

Example:

- A customer has a policy created by Company A 08.2003
- The customer cancels the policy with Company A and the policy expires 08.2005.
- The customer returns to Company A and reinstates the policy 01.2008
- The customer contacts Company B which sends a request of 01.2009 to Company A
- The response from Company A will result in 2 policies (with the same policy No.)

- Policy A: Effective from 08.2003 and expiry 08.2005, any claims
- Policy A: Effective from 01.2008 no expiry date, any claims and bonus

2.9.12 Termination date

If the policy is no longer active, the termination date is submitted.
The format is YYYY-MM-DD.
If the policy has not expired, a date is not submitted.

2.9.13 Vehicle type

Vehicle type is retrieved in own systems.

2.9.14 Number of claim-free years

The customer's number of claim-free years is stated. As a minimum the number of years that the customer has had insurance with the company.

For tractors and machinery, the number of claim-free years must always be stated as 0.

2.9.15 Date of last step change

The most recent date on which the policy changed bonus step in the current company
The format is YYYY-MM-DD.

If there has never been a step change for the insurance or the date of the most recent step change is unknown, the commencement date is used as the date of most recent step change.

If the insurance has been changed from a standard scheme to a fixed premium scheme, the change date is used as the date of most recent step change

2.9.16 Fixed premium

Was the policy created for a fixed premium product (yes/no)

2.9.17 Arrears

Are there any arrears on the policy at the time of request (yes/no/not requested (= ej forespurgt))

It is not possible to request arrears information if not at the same responding Yes for confirmation of consent for claim history/bonus. If this happens, the request will always be rejected.

Example 1
Request:
Confirmation of consent for claim history/bonus: Yes
Confirmation of consent for arrears: Yes

Response:
Claim history/bonus: Yes

Marking if the policy is in arrears: Yes, if the policy is in arrears

Example 2
Request:
Confirmation of consent for claim history/bonus: Yes
Confirmation of consent for arrears: No

Response:
Claim history/bonus: Yes
Marking if the policy is in arrears: Not requested

Arrears exclusively refers to premium arrears.

2.9.18 Object identification type (request - only for 001 Vehicles)

Object identification types in the response can be one of the following:
- Registration number
- Chassis number
- Unknown (only to be used if the object is not registered with a registration number or chassis number)

2.9.19 Coverage level

Coverage level describes the overarching coverage for the claim. Each company has to map their own claim types to one of these coverage levels to create an overarching claim overview.

A claim type can be mapped to multiple coverage levels.

- Coverage level must not be confused with the "coverage" on which the claim is based. If, for example, a glass claim is based on a comprehensive coverage with the claim type "repair", the claim type "repair" must be mapped to the coverage level "Glass".

A claim which invokes several coverages, e.g, a collision in which both the counterparty's and one's own vehicle sustain damage (liability and comprehensive claim) must be identified at all relevant "Coverage levels".

- For example an accident with collision in which the counterparty sustains personal injury at the same time as comprehensive damage and injury to the driver of the vehicle - in this example, the claim type will be shown at 3 "Coverage levels" with the same claim date. The receiving company will recognise that it is the same claim based on the claim date.

Mapping example (001 Vehicle)

Coverage level	**Claim type from own system – examples**
Liability	Collision
Comprehensive	Collision Free-falling objects Theft Fire

Glass (single glass claim)	Repair Replacement
Roadside (single roadside assistance claim)	Tyre change Home start
Driver	
Miscellaneous	Other

Mapping example (002 Private)

Coverage level	**Claim type from own system – examples**
Building	
Liability	
Fire – including electrical	Fire
Water damage (rising, breakages to visible internal pipes)	Water/storm
Weather damage (cloudburst, storm, drift damage, thaw)	Water/storm
Burglary/Theft/Vandalism	Theft
Sudden damage (collision)	Traffic/falling objects Sudden damage
Other comprehensive building – glass/basin/sanitation, animals, renovation and extension	Glass Basin
Hidden pipes/cables	Pipes and connections
Service connection	Pipes and connections
Fungi/Rot/Insects	Fungi/insects
Miscellaneous – including legal aid, psychological crisis counselling, etc. (all claims which are not building related)	
Contents	
Liability	
Fire	Fire
Water damage (rising, discharge)	Water/storm
Weather damage (cloudburst, storm, drift damage, thaw)	Water/storm
Electrical damage/electronics damage	Fire Electronics
Theft/Robbery/Plunder/Vandalism	Theft
Burglary	Theft
Sudden damage	Sudden damage
Other contents damage (lost baggage on return from travel, refrigerator/freezer damage, glass/basin/sanitation)	Frozen goods Glass Basin
Miscellaneous – including legal aid, psychological crisis counselling, identity theft, etc. (all claims which are not object related)	
Private liability	
Liability	
Miscellaneous	

Travel	
Illness/injury	
Cancellation claims	
Baggage delay – during travel	Holiday travel coverage
Other travel claims	Holiday travel coverage
Animals	
Liability	
Life	Distemper
Illness/treatment	Distemper
Miscellaneous	

Mapping example (003 Pleasure craft)

Coverage level	**Claim type from own system – examples**
Liability	
Comprehensive	Fire Theft Submersion Grounding/beaching Collision Mast breakage Legal aid
Miscellaneous	

Mapping example (005 Accident)

Coverage level	**Claim type from own system – examples**
Permanent injury	
Illness	
Dental injury	
Treatment costs	
Critical illness	
Immediate compensation	
Miscellaneous	

2.9.20 Claim date

The date on which the claim arose. The date is the date which the request recipient has recorded in their system.
The format is YYYY-MM-DD.

2.9.21 Claim type

”Claim type” comes from the responding company’s own system and the responding company must make sure to clean the data of any unwanted contents. E.g,. sensitive personal information, deletion of health information, etc.

2.9.22 Claim status

"Status" indicates whether the claim is open or closed.

2.9.23 Claim amount paid

"Claim amount paid" is the amount in DKK 1/100 (øre) without decimals paid to the customer in connection with a claim. Example: DKK 999.50 is indicated as 99950.

For closed cases, the amount is indicated as net payment after deduction of excess.

"0-claim" is defined as claims which have been closed and are recorded as "DKK 0" with the company and have not incurred an expense for the company which is not subsequently coverageed. 0-claims are indicated with a blank line.

The following "0-claims" are NOT to be included in the claim history response:

- Erroneous claims

The following "0-claims" are to be included in the claim history response as the claims provide information about reporting and claim frequencies:

- Rejected claims
- Claims under excess
- Claims with full right of recourse
- Surrendered claims

Where the claim is a service purchased outside and it is also a single claim where the price of the service is not camouflaged by other amounts, the value -10 is entered in the amount field.

Specifically for vehicles

For industry group 001 Vehicle, information about amount paid or manually determined reserves must not be disclosed if there is only a claim at coverage level: Driver, Glass and Roadside assistance. This means that:

- For single claim at coverage level:
  - Driver (without claim at other coverage levels) = claim amount paid is not disclosed
  - Roadside assistance (without claim at other coverage levels) = -10 is the response (minus 10 is indicated for reasons related to competition)
  - Glass (without claim at other coverage levels) = -10 is the response (minus 10 is indicated for reasons related to competition)

- For claims at coverage level Driver, Roadside assistance and/or Glass (without claim at other coverage levels) = claim amount paid is not disclosed

- For claim at coverage levels comprehensive, driver and/or glass == claim amount paid is disclosed (total claim amount)

- For claim at coverage levels liability, driver and/or roadside assistance and/or glass == claim amount paid is disclosed (total claim amount)

- For claims at coverage levels comprehensive, liability, driver and/or roadside assistance and/or glass == claim amount paid is disclosed (total claim amount)

- If the company does not hold data about the glass claim and/or road side assistance claim amount because the service is purchased externally, the total claim amount will be equal to the comprehensive claim amount, the liability claim amount or the total comprehensive/liability claim.

Specifically for private
For industry group 002 (building, contents, private liability, animal insurance) and industry group 003 Pleasure craft, amounts paid must not be disclosed for the following coverage levels: Liability and Miscellaneous. For travel insurance, amounts paid must not be disclosed for the following coverage levels: Illness/injury and Cancellation.

Specifically for business and agriculture
For industry/product group 004/006 and 006/006 Workplace injuries, 004/008 Patient insurance and 004/009 Health insurance, amounts paid must not be disclosed.

Specifically for accident
For industry group 005 Accident, amounts paid/reserves must not be disclosed for the following coverage levels: Miscellaneous

2.9.24 Manually determined reserves

"Manually determined reserves" is the amount in DKK 1/100 (øre) without decimals paid to the customer in connection with a claim. Example: DKK 999.50 is indicated as 99950.

For open cases, the company's manually determined reserves are disclosed.

"0-claim" is defined as claims which have been closed and are recorded as "DKK 0" with the company and have not incurred an expense for the company which is not subsequently coverageed. 0-claims are indicated with a blank line.

The following "0-claims" are NOT to be included in the claim history response:

- Erroneous claims

The following "0-claims" are to be included in the claim history response as the claims provide information about reporting and claim frequencies:

- Rejected claims
- Claims under excess
- Claims with full right of recourse

- Surrendered claims

Where the claim is a service purchased outside and it is also a single claim where the price of the service is not camouflaged by other amounts, the value -10 is entered in the amount field.

Specifically for vehicles
For industry group 001 Vehicle, information about amount paid or manually determined reserves must not be disclosed if there is only a claim at coverage level: Driver, Glass and Roadside assistance. This means that:

- For single claim at coverage level:
  - Driver (without claim at other coverage levels) = manually determined reserves is not disclosed
  - Roadside assistance (without claim at other coverage levels) = -10 is the response (minus 10 is indicated for reasons related to competition)
  - Glass (without claim at other coverage levels) = -10 is the response (minus 10 is indicated for reasons related to competition)

- For claims at coverage level driver, roadside assistance, and/or glass (without claim at other coverage levels) = manually determined reserves is not disclosed

- For claim at coverage levels comprehensive, driver and or roadside assistance and/or glass == manually determined reserves is disclosed (total claim amount)

- For claim at coverage levels liability, driver and or roadside assistance and/or glass = manually determined reserves is disclosed (total claim amount)

- For claim at coverage levels comprehensive, liability, driver and or roadside assistance and/or glass = manually determined reserves is disclosed (total claim amount)

- If the company does not hold data about the glass claim and/or road side assistance claim amount because the service is purchased externally, the total manually determined reserves will be equal to the comprehensive claim amount, the liability claim amount or the total comprehensive/liability claim.

Specifically for private
For industry group 002 (building, contents, travel, private liability, animal insurance), industry group 003 Pleasure craft and 005 Accidents, manually determined reserves must not be disclosed.

Specifically for business and agriculture

For industry/product group 004/006 and 006/006 Workplace injuries, 004/008 Patient insurance and 004/009 Health insurance, manually determined reserves must not be disclosed.

2.9.25 Prejudicial (only applies to 001 Vehicle)

Here it is stated whether the claim has or has not been prejudicial.

Prejudicial means claim types that regulate premium steps on a regular bonus-regulated product.*

A claim is also prejudicial if the type of claim has not led to a regulation of premium steps due to the composition of the product (e.g. fixed premium product) but would have led to the regulation of premium steps on a bonus-regulated product.**

If the policyholder has dismissed the damage as Free Damage, where the claim type does not result in the adjustment of premium steps, the claim is not prejudicial.***

The marking of prejudicial claim (yes/no) must be filled in on closed cases – is a claim open then sent the field blank.

*EDI code 4
**EDI code 3
***EDI code 2

Code number	Title	Explanation
Code 1	Not bonus incriminating - statutory free damages	This means claims which gives the insurance company a loss according to regulation, but where the policyholder is not at fault.
Code 2	Claims that does not result in premium adjustment due to free-damage insurance	This means claims which fall under the conditions of each insurance company as free damage, provided that a free damage insurance has been selected. Claims that will typically fall under a free damage is claims due to: • Fire, short circuit, lightning, explosion • Theft, robbery • Falling objects on the vehicle • Damage to the vehicle glass only • Vandalism The free damage insurance may be composed in several ways, depending on the individual company's terms and regulations, but the common denominator is that the damage would have regulated the premium step as a regular damage, if free damage insurance was not selected.
Code 3	Claims that does not result in premium step adjustment due to the product. (Would otherwise be premium	This means all types of claims which, because of the composition of the product, do not regulate the premium step, but which would have led to a premium adjustment of a regular bonus product and which cannot be declared

	step-regulating)	under codes 1 or 2. I.e. damages may be indicated in a standard step-regulating product with codes 4, 5 or 6.
Code 4	Claims causing premium step regulation	This means claims which are bonus-inducing to the policyholder and where the premium step is attified after the damage.
Code 5	Claims that will result in premium step adjustment	This means claims that is bonus-inducing but where the premium step has not yet been corrected. This is because the premium step is first corrected.
Code 6	Claims not yet settled	This means claims which, at the time of the termination, are not settled. For example, trafic accidents, where the blame has not yet been established, or claims where the recourse conditions have not yet been resolved.

Roadside assistance claims is not prejudicial.

3 Security

See Appendix 1, REST API regarding data communications security.

4 Log

The FP server only logs information regarding the data communication and the request. Not the contents of the response. It is the responsibility of the companies to log the contents in their own systems.

The contents of responses for Offline companies will, however, be available for 3 months after receiving the message on the FP server. After this, the response contents are deleted.

Companies must internally record/log who sends requests, what they are requesting and when. This is in order that the company can subsequently identify any person who has not complied with regulations regarding consent, etc.