

## **Insurance claim form**

## Travel luggage

Code	please leave blank	<b>Tips for completion!</b> Form to be completed in full, (including back); please print. Do not forget to enter your bank account number. Always enclose a copy of your insurance certificate. A cover note listing the policy details may be substituted for the latter. Please enclose any explanatory notes on a separate sheet if there is not sufficient space on the form.						
Dossier no.	please leave blank							
Details insured pe	erson							
Name and initials		m/f E-mail						
Address		IBAN						
Zip code	City	In the name of						
Phone number (day)		Nationality						
Phone number (evening)		Date of Birth		(day - month - year)				
Questions and an	swers d the insurance policy?	Name						
	1 3	Address						
		Zip code	City					
<b>2 A</b> What is the num	ber of your insurance policy?	Number						
(Please enclose original								
B Date of departure		Date		(day - month - year)				
C Duration of trave		Number of days						
<b>D</b> Travel purpose/H	oliday destination	,						
E Date loss occurre	-	Date		(day - month - year)				
<b>F</b> Time damage oc	curred, as accurately as possible	Time		(hours - minutes)				
	nated amount of the loss?	Amount	€	, ,				
3 Describe briefly but	clearly the circumstances under which the loss	occurred						
4 If the loss occurred	during transport by plane, bus, boat or train:							
	liately notified the transport company?			☐ Yes ☐ No				
	ted the transport company to make a record of t	he loss incurred? (If yes, pleas	se enclose original proof)	Yes No				
5 Have you immediat	ely notified the police? (If yes, please enclose original pr	oof)		☐ Yes ☐ No				
	which police station?	Date		(day - month - year)				
		Police station, City	,					

<b>6</b> A If the loss occurred in a hotel, please ente									
		Address							
		Zip code			City				
<b>B</b> Have you immediately notified the hotel	management? (If yes, please enclose	•			_ , _	Yes	□ No		
2 riave you in integrately notified the noter	management. (ii yes, pieuse enclose	original proof)							
7. A. la via un traval lugga a a alaa ina unad alaa ud	aama2 //					□ Vaa	□ No		
7 A Is your travel luggage also insured elsewl				Yes	∐ No				
If yes, with which company and what is the	ne policy number?	Company							
		Policy num	ber						
B Have you also claimed under this policy?						☐ Yes	☐ No		
8 A Have you claimed for any travel luggage	losses hefore?					Yes	No		
<b>B</b> If yes, from which company and what ye		Company							
b if yes, from which company and what yes									
		Year							
						_	_		
<b>9</b> Can the value be proven partially or in full b	y means of invoices present or st	till to be reque:	ste	d?		Yes	No		
(If present, please enclose original invoice(s) or copy invo	nice(s))								
				Purchase	Purchase	Bought from	Cost of		
Missing/damaged objects	Name owner		€	amount	date	which company	repairs		
missing, aumaged especie	That is a strict			arrio arre		Trineri company	repuis		
			Щ						
			Н						
			П						
			П						
Personal details entered on this form and any details	which may be submitted later may be inc	luded in the insure	d pe	ersons administra	ition of Allianz Glo	bal Assistance and in a central i	nformation		
system for insurance companies active in the Netherl	ands. Please contact Allianz Global Assista	ance if you have an	y qu	estions and rega	rding the data pro	tection rules which apply tot the	ese records.		
<del>-</del>				1		1 22 1 201 11 2	6		
The undersigned declares • to have answered and pr relating to the loss or damage • to give permission he	· ·	-				· · · · · · · · · · · · · · · · · · ·			
Allianz Global Assistance in relation to the reason and						•			
to Allianz Global Assistance partially for the purpose of determination of the amount of the damages and entitlement to payment • to have taken note of the contents of this form • to be familiar									
with the condition that any entitlement to payment b	pecomes invalid upon submission of inco	rrect/false details.	Sigr	ing of this form :	signifies that you	transfer entitlement to paymen	ts based on		
any insurance policy elsewhere to Allianz Global Assis	stance.								
Date	Signature								