

# Insurance claim form

## Travel luggage

Code	<input type="text"/>	please leave blank
Dossier no.	<input type="text"/>	please leave blank

**Tips for completion!** 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.

### Details insured person

Name and initials	<input type="text"/>	m/f	E-mail	<input type="text"/>
Address	<input type="text"/>		IBAN	<input type="text"/>
Zip code	<input type="text"/>	City	<input type="text"/>	In the name of
Phone number (day)	<input type="text"/>		Nationality	<input type="text"/>
Phone number (evening)	<input type="text"/>		Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> (day - month - year)

### Questions and answers

1 Which branch issued the insurance policy?	Name	<input type="text"/>
	Address	<input type="text"/>
	Zip code	<input type="text"/> City <input type="text"/>
2 A What is the number of your insurance policy? (Please enclose original or copy)	Number	<input type="text"/>
B Date of departure	Date	<input type="text"/> <input type="text"/> <input type="text"/> (day - month - year)
C Duration of travel	Number of days	<input type="text"/>
D Travel purpose/Holiday destination		<input type="text"/>
E Date loss occurred	Date	<input type="text"/> <input type="text"/> <input type="text"/> (day - month - year)
F Time damage occurred, as accurately as possible	Time	<input type="text"/> <input type="text"/> (hours - minutes)
G What is the estimated amount of the loss?	Amount	€ <input type="text"/>

3 Describe briefly but clearly the circumstances under which the loss occurred

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

4 If the loss occurred during transport by plane, bus, boat or train:

- A Have you immediately notified the transport company?  Yes  No
- B Have you requested the transport company to make a record of the loss incurred? (if yes, please enclose original proof)  Yes  No

5 Have you immediately notified the police? (if yes, please enclose original proof)

- If yes, when and at which police station?  Yes  No
- Date    (day - month - year)
- Police station, City



6 A If the loss occurred in a hotel, please enter the name and full address

Name hotel   
 Address   
 Zip code  City

B Have you immediately notified the hotel management? (If yes, please enclose original proof)  Yes  No

7 A Is your travel luggage also insured elsewhere? (household effects, valuables, bicycle insurance etc.)  Yes  No  
 If yes, with which company and what is the policy number?

Company   
 Policy number

B Have you also claimed under this policy?  Yes  No

8 A Have you claimed for any travel luggage losses before?  Yes  No  
 B If yes, from which company and what year?

Company   
 Year

9 Can the value be proven partially or in full by means of invoices present or still to be requested?  Yes  No  
 (If present, please enclose original invoice(s) or copy invoice(s))

Missing/damaged objects	Name owner	€	Purchase amount	Purchase date	Bought from which company	Cost of repairs

Personal details entered on this form and any details which may be submitted later may be included in the insured persons administration of Allianz Global Assistance and in a central information system for insurance companies active in the Netherlands. Please contact Allianz Global Assistance if you have any questions and regarding the data protection rules which apply to these records.

The undersigned declares • to have answered and provided the above questions and details accurately, truthfully and to the best of his/her knowledge, and not to have withheld any information relating to the loss or damage • to give permission herewith (in so far this is necessary) to the medical advisor(s) of Allianz Global Assistance to provide any relevant details to the medical advisor of Allianz Global Assistance in relation to the reason and background in case of medical treatment, admission to hospital and/or repatriation • to submit this claim form and details still to be provided 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 becomes invalid upon submission of incorrect/false details. Signing of this form signifies that you transfer entitlement to payments based on any insurance policy elsewhere to Allianz Global Assistance.

Date

Signature