

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



