

## Claim Advice Allianz cancellation insurance

Claim no. (filled in by Allianz Global Assistance)

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### 1. Insured persons details

Last name		First name
Street/no.		Zipcode/Town
Telephone private		Telephone work
Profession	Date of birth	E-Mail

### 2. Bank or postal check account (if available, please enclose deposit slip)

Client  Travel Agency

IBAN no.  Swift/BIC

Bank name  Zipcode/Town

Account holder's name and address

Did you pay the trip by credit card?  Yes  No

If yes, detailed information of your credit card company

Credit card no.  Expiry date

### 3. Additional insurance coverage

Do you have a cancellation cost insurance with another company?  Yes  No

If yes, which one?  Policy no.

### 4. Reason of cancellation

Why was the trip cancelled?  Illness  Accident  Pregnancy  
 Death  Other events, please specify

Who was affected?

Is that person related to the travellers?  Yes  No

If yes, how?

**5. Details of the planned trip**

Travel company/tour operator/landlord	Travel agency/booking office
Destination	Duration of trip from/to <input type="checkbox"/> private trip <input type="checkbox"/> professional trip
Definite booking date	Date of conclusion of the policy
Cancellation date	How many days before departure

Please list all the travellers who cancelled their booking

1. First name/last name	Relationship
2. First name/last name	Relationship
3. First name/last name	Relationship
4. First name/last name	Relationship
5. First name/last name	Relationship
6. First name/last name	Relationship

Price of travel package per booking (pls indicate currency)		
Unforeseen expenses per person (pls indicate currency)	x number of persons	= (Total)

**6. Declaration** I confirm that the above information is true and complete. I note that I may lose the right to indemnity if my information is untrue incomplete or contradictory, even if this does not cause the insurer any disadvantage. I declare my consent to Allianz Global Assitance (Schweiz) obtaining information and inspecting files from travel companies and agents, transport companies, authorities (police, courts etc.), other insurance providers etc., and release them from their legal or contractual professional secret.

<b>Place, date</b>	<b>Signature of the insured person</b> (in the case of minors their legal representative)
_____	_____

**In order to process your claim we need the following documents**

<input type="checkbox"/> Invoice for booked travel package, original	<input type="checkbox"/>
<input type="checkbox"/> Cancellation costs account	<input type="checkbox"/>
<input type="checkbox"/> Medical certificate with diagnosis, original	<input type="checkbox"/>
<input type="checkbox"/> Death certificate	<input type="checkbox"/>