

Claim Advice Baggage Insurance (Allianz travel insurance)

Claim no. (filled in by Allianz Global Assistance)

1. Insured person details (please enclose the travel arrangement booked)

Last name First name

Street no. Zipcode/Town

Telephone privat Telephone work

Profession E-Mail Date of birth

Travel date from to Travel Private Trip Professional

IBAN no. Swift/BIC

Bank name Zipcode/Town

Account holder (name, address)

Did you pay the travel by credit card? Yes No

If yes, detailed information of your credit card company

Credit card no. Expiry date

Did other people travel with you? Yes No

If yes, name and address insured by, policy no. Did these people also suffer baggage damages during this trip?

Yes No

Yes No

2. Details of loss

a) Is the loss a result of Theft Robbery Late delivery of baggage

Loss of luggage Damage/destruction Other

b) Where did the loss occur? Place Country

c) When did the loss occur? Date Time

d) Where was the loss discovered? Place Country

e) When was the loss discovered? Date Time

f) Where was the concerned baggage at the time of loss?

g) Where did you see your baggage last? Place Country

h) When did you see your baggage last? Date Time

i) Please describe in precisely how the loss occurred (if necessary attach supplementary sheet).

j) Tho whom did you report the loss?

Police in _____ Date _____ Time _____

Airline (name, place) _____ Date _____ Time _____

Hotel-/Tourguide _____ Date _____ Time _____

Other (name, place) _____ Date _____ Time _____

k) Were there any witnesses? Yes No

If yes, who? (name, address, telephone, e-mail) _____

3. If baggage was stolen from a vehicle (Please enclose the vehicle repair bill or car rental bill)

a) Where was the vehicle at the time of the loss? _____

b) When was the vehicle parked there? _____ Date _____ Time from/to _____

c) When did you discover the theft? _____ Date _____ Time _____

d) Where were you at that time? _____

e) Was the vehicle locked? Yes No

f) Is the vehicle insured through a partially or fully comprehensive insurance? Yes No

If yes, with which insurance company? _____ Policy no. _____

f) Copy of the repair bill for the damage incurred during the burglary _____

4. Baggage suffered a loss on a flight/train journey (Plese enclose the following original documents)

- Flight tickets
- Police report in case of theft
- Confirmation of definite loss of baggage and letter of indemnification (from airline, railway company etc.)
- Baggage coupons
- Confirmation of loss from airline (PIR) or railway company

5. General information

a) Have you had baggage claims in the last 5 years? Yes No

If yes, when? _____ Date _____ For what amount? _____

Cause of loss theft loss damage

Has a compensation been paid? Yes No If yes, how much? _____

By which insurance company? _____ Policy no. _____

b) Do you have any other property insurance (house hold contents, jewellery etc.) Yes No

If yes, with which insurance company?

Company Agency Policy no.

Company Agency Policy no.

Has the loss been reported to them? Yes No

6. Mislaid, damaged or destroyed items (For all items, please hand in:)

the original receipt, where missing the certificate of guarantee, in case of damage the original receipt of repair or cost estimate.

Item description	Type of loss (Theft/ loss=L damage=D)	Purchase price/currency	Date of purchase	Bought at (Store)	receipt enclosed Yes	receipt enclosed No
1.					<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>
11.					<input type="checkbox"/>	<input type="checkbox"/>
12.					<input type="checkbox"/>	<input type="checkbox"/>
13.					<input type="checkbox"/>	<input type="checkbox"/>
14.					<input type="checkbox"/>	<input type="checkbox"/>
15.					<input type="checkbox"/>	<input type="checkbox"/>
16.					<input type="checkbox"/>	<input type="checkbox"/>
17.					<input type="checkbox"/>	<input type="checkbox"/>

Do all items listed belong to you? Yes No

If not, the owner of no. _____ is _____

the owner of no. _____ is _____

7. 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 confidentiality obligation.

Place, date

Signature (in case of minors their legal representative)
