

Notification of Claim

Claim no. _____

Baggage Insurance – Theft/Robbery/Misdirection

Dear Client

During your journey you sustained damage of your luggage. In order to provide insurance services, we need some additional information from you. Please carefully fill out this notice of damages and enclose the following documents:

- Receipts for checked-in luggage
- Confirmation from transport company/tour guide/hotel
- Receipts and bills (originals)
- Police report
- Bill for the booked travel arrangement
- Bills for repair costs and costs estimate, if applicable
- Insurance policy/membership card (copy)

If you are not able to answer a question, please note the reason why.

Questions concerning the policy holder (person entitled to claim)

Name: _____

First name: _____ Date of birth: _____

Street/no.: _____

Zip code/city: _____

Phone (day time): _____ E-mail address: _____

Account Number (IBAN): _____

Bank Code (BIC/SWIFT): _____

Name and address of the bank: _____

Travelling partner(s) (Please give names, first names, addresses)

Questions about the insurance

1. Date of purchase of policy or payment of premium: _____
2. Who arranged/concluded the insurance? _____
3. Insurance policy/membership card no.: _____
4. Do other insurances exist for this incident? yes no
5. If yes, which ones? _____
6. Has reimbursement already taken place or been applied for through another party? yes no
7. If yes, through whom? _____

Questions concerning the damage

8. Was this:
- Delayed delivery of luggage Theft Robbery Damage Destruction
- Others:
9. Where did the damage happen?
- Country: _____ City: _____
- Place: _____
10. Container/Packaging: _____
11. Flight no./train no.: _____
12. Where did you see your luggage for the last time? _____
13. When did you see your luggage for the last time? _____
14. When did the event of damage happen? _____ Date: _____ Time period: _____
15. When did you notice the damage? _____ Date: _____ Time: _____
16. Under which circumstances did the incident happen? (enclose sketch if necessary)
- _____
- _____
- _____
17. What is the total number of pieces of luggage taken on the journey? _____
18. How many of them were checked-in? _____
19. How many pieces of luggage have been missing since the incident occurred? _____
20. Has the damage been reported to the transport company? If yes, enclose the Property Irregularity Report yes no
21. Does an official protocol exist (police report)? yes no
22. If not, please give reasons: _____
- _____
23. Are there any eyewitnesses? yes no
24. If yes, please give names and addresses: _____
- _____
- _____

Questions concerning previous cases of luggage damage

25. Have you or your travelling partner had any cases of luggage damage in the past five years? yes no
26. If yes, please list all (enclose separate sheet if necessary)
- _____
- _____
27. Cause of damage: _____ Extent of damage: _____
28. Have you or the claimant received compensation? yes no
29. If yes, how much compensation did you receive? _____
30. If yes, give name and address of the insurance company: _____
- _____

EUROPÄISCHE will be released from the duty of payment if, after the event of damage, the insured person tries to deceive EUROPÄISCHE regarding circumstances that are relevant to the reason or the amount of the payment.

I commit myself to notifying EUROPÄISCHE Reiseversicherungs AG immediately, if I have further details about the perpetrator or the missing objects, and I hereby authorize EUROPÄISCHE to the inspection of records and to demand documents/files for further enquiries.

Place and Date

Signature of the insured person or his/her legal representative

Missing, damaged, or destroyed objects belong to:

Damage No:

(a separate form is necessary for victims not living in the same household)

	Objects	Purchase date	Price	from which company	Receipt yes/no	Depreciated value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

Place and date

Signature of the insured person or his/her legal representative