

# 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