

Please send your documents to

HanseMerkur Reiseversicherung AG
Abt. RLK
Postfach
20352 Hamburg

Insurance no.

Travel Luggage Claim Form

Dear Policyholder,

In order to process your claim efficiently we require specific information from you. Please complete this form as accurately as possible to avoid any unnecessary queries. Thank you for your cooperation and do not hesitate to contact us if anything is unclear to you.

Data protection notice: we store your personal data for the purposes of assessing our service obligations. For further information on data protection and your rights go to <https://www.hmr.de/en/privacy/information> or please request a copy from us.

I. Particulars of insured individuals affected by the damaging event):

Name, address, date of birth, Tel-no. E-Mail, occupation (continue on an extra sheet if necessary)

a)

Insured: no yes No of suitcases: _____ No of bags: _____ others: _____

b)

Insured: no yes No of suitcases: _____ No of bags: _____ others: _____

c)

Insured: no yes No of suitcases: _____ No of bags: _____ others: _____

d)

Insured: no yes No of suitcases: _____ No of bags: _____ others: _____

II. Details relating to the policy:

When and where did you take out the travel insurance policy? _____

Please submit a copy of the policy or proof of premium payment (eg copy of bank statement showing debit of premium).



VII. Lost or damaged baggage

Type of vehicle: Car Kombi Cabriolet Camper Caravan Bus Motorcycle

Model: _____ Year built: _____ Registration number: _____

Where was the vehicle at the time the loss occurred? _____

Car Park Roadside Garage official campsite _____

The vehicle was parked there from _____ am/pm until _____ am/pm

Where were you during this time? _____

When was the theft discovered? _____

How was the car damaged by the break-in? _____

Please send us the repair invoice (copy).

Who owns the vehicle (name and address)? _____

Vehicle insurance (name and address of the company): _____

_____ respective policy no.: _____

Was the damage notified to the motor insurance company? No Yes, respective police no.: _____

Exactly where and how were the respective items stowed in the vehicle?

In the case of hired vehicles, please submit acceptance and return protocol.

VIII. General declarations:

1. What measures were taken to recover or restore the affected items?

2. Are there any witnesses that the damage occurred? (Names and addresses):

3. Have you yourself, or possibly those persons travelling with you, claimed for loss or damage of baggage or other valuables in the past? Please ensure that all previous damaging events are included and please also note the personal declaration below.

No Yes _____

(Name and address of the relevant person(s))

If so, when? _____ Compensation received? No Yes Not yet decided

With which insurance companies have claims been filed?

(Name, Address, policy-no., claim-no.) _____

(If necessary, continue on a separate sheet)

4. Did you yourself or those persons travelling with you take out other insurance policies for baggage or valuables for the period in question?

No Yes _____

(Name and address of the relevant person(s))

If so, please give names and addresses of insurance companies: _____
_____ Policynumber: _____

Has a claim been filed with such an insurance company? No Yes, claim-No.: _____

5. Do you have insurance cover for household and personal effects? No Yes, Policy-No.: _____

If so, please give name and address of the insurance company: _____

Have you filed a claim with that company? No Yes, claim-No.: _____

6. Who should receive the claim settlement? (Name, address, bank account, IBAN, BIC, Swift, ABA)

Place, Date

Policyholder's signature

IX. Original documents to be enclosed with the claim:

- Policy/proof of premium payment
 - Confirmation of notification from airline/transport company
 - Final confirmation of loss from airline
 - Purchase invoices of the affected items
 - Fee receipts for identification documents
 - _____
 - List of items not affected by the damage (form is attached)
- Police report
 - Booking confirmation
 - Air tickets/baggage check-in stubs
 - Repair invoice/s
 - Expertise

Information on the consequences of breach of duty after the insured incident has occurred Information under Sec. 28 para. 4 VVG

Dear customer

After the insured incident has occurred, we require your assistance.

Duty to provide information and assist in clarification

On the basis of the contractual agreement entered into, we may ask you to provide us with all information that is necessary to clarify the scope of liability (duty to provide information) and to clarify the matter fully (duty of clarification) to enable us to fully assess the claim. However, we may also request that you provide us with supporting documents, provided that such requests are reasonable.

Loss of benefits

If, contrary to the contractual agreements, you fail to provide us with information or give incorrect information, or wilfully fail to provide us with the supporting documents that we request, you will lose your entitlement to compensation. If breach of such obligations is based on gross negligence, we may reduce the benefits in proportion to the seriousness of the negligence. There will be no reduction if you prove that you have not been grossly negligent in infringing the obligations.

Notwithstanding a breach of your obligation to either provide information, assist in clarification, or provide supporting documents, we are still obliged to pay compensation insofar as you can prove that any violation of duty was neither the result of establishing the scope of the insured incident or the scope of our liability.

If you fraudulently breach the obligation to provide information to clarify matters or to provide supporting documents, we will in every case be released from our liability to pay the claim.

Note:

If a third party, and not you yourself, is entitled to the benefits under the contract, such third party must also provide information assist in clarifying matters and provide supporting documents.

Place

Date

Signature of policyholder and insured or legal representative

Final statement

I confirm that the information I have provided above is true and complete. I am aware that incorrect or incomplete information may lead to loss of insurance cover. I have taken note of the above information in accordance with Sec. 28 para. 4 of the Insurance Contract Act (obligation after the insured incident).

In addition I assign my claims and demands against a third party causing the accident / liable party or against my statutory health insurance fund / private health insurer to the amount of the compensation paid by HanseMerkur Reiseversicherung AG to HanseMerkur Reiseversicherung AG.

Place

Date

Signature of policyholder and insured or legal representative