

Claim Reference No.:

_____ - _____

AGA International S.A.
Niederlassung für Deutschland (Germany branch)
Claims Department
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Global Assistance



Claim Form for Travel Luggage Insurance

Please complete in full.

1. Personal details:

▶ Please write your name in full.

Mr Ms _____
First name(s)

Street _____

Postcode / Place _____

Place of work _____

Telephone (home) _____

Date of birth _____

Surname(s)

Street Number _____

Country _____

Profession _____

Telephone (daytime) _____

e-mail _____

2. Details of the insurance:

▶ Please submit copies of your insurance certificate, the insurance confirmation with proof that the premium has been paid (receipt) and your travel confirmation.

Booking / Travel agency / Operator (if available) _____

Commencement of journey / stay _____

End of journey / stay _____

Policy number (if available) _____

Period of insurance (days) _____

3. Details of all (even temporary) travelling companions:

▶ Please use an additional sheet of paper if necessary.

Mr Ms _____
First name / Surname 1st travelling companion

Address _____

Was any damage caused to the luggage of the person during travel / the stay? No Yes

Insurance (please state if damage has occurred) _____

Policy number (please state if damage has occurred) _____

Mr Ms _____
First name / Surname 2nd travelling companion

Address _____

Was any damage caused to the luggage of the person during travel / the stay? No Yes

Insurance (please state if damage has occurred) _____

Policy number (please state if damage has occurred) _____

Mr Ms _____
First name / Surname 3rd travelling companion

Address _____

Was any damage caused to the luggage of the person during travel / the stay? No Yes

Insurance (please state if damage has occurred) _____

Policy number (please state if damage has occurred) _____

4. Details of the damage:

Please describe and name the place of damage as exactly as possible:

Date of the damage
_____|_____|_____|_____|_____|_____|

Time
at / between _____ : _____ o'clock and _____ : _____ o'clock

Where were the items concerned at the time of damage?

Please describe how the damage occurred in detail:

▶ Please use an additional sheet of paper if necessary.

Did anyone see the incident and / or can they testify to what happened?
(If yes, please enclose the witness's report!)

No Yes

Mr Ms

First name / Surname 1st Witness

Address

Mr Ms

First name / Surname 2nd Witness

Address

5. Who did you report the damage to?

▶ Please submit suitable documentation (e.g. police report, confirmation of the tour operator's management or airline, receipt of fees paid for the camping site) as originals.

Police (place and address of police station, and possibly the name of contact)

Date | | | | | |

Time | : | | o'clock

Airline (name, address, and possibly the name of contact)

Date | | | | | |

Time | : | | o'clock

Tour operator's / Hotel management, Camping site management or any other office (name, address, and possibly the name of contact)

Date | | | | | |

Time | : | | o'clock

6. In case of luggage stolen from a vehicle:

▶ Please submit the bill for vehicle repairs (copy) and, if applicable, the original rental car bill.

Passenger car, closed compartment without sunroof

Passenger car with sunroof

Cabriolet

Estate car

Camper / Motorhome

Camping trailer / Caravan

Coach

Motorbike

Registration number

Make

Model designation

Year of manufacture

Where was the vehicle when the damage occurred?

Parking area Garage

Roadside

The vehicle was parked there

from | | : | | till | | : | | o'clock

Where were you during this period?

When was the theft discovered?

Date | | | | | |

Time | : | | o'clock

