

## NOTIFICATION OF TRAVEL LOSS

**To speed up settlement, please enclose the following documents: proof of trip, original receipts, physician's certificate, in the event of theft a police report of the crime or the trip organizer's confirmation of the event and any other statements by witnesses.**

**Please fill in all sections!**

<b>Trip is paid by:</b>	<b>Policy number:</b>
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**Claimant's personal data**

Claimants name	Personal identity number	Insured's country of domicile
Street address	Postal code	Town
Telephone and e-mail address	Bank and account number (IBAN, SWIFT, BIC)	

**Data on the loss event**

Travel destination and route	Trip started (dd.mm.yy.)	Trip ended (dd.mm.yy)	Time of loss (date and time)
<b>Type of injury</b> Personal injury of cardholder Personal injury of child Personal injury of spouse Sickness medical expenses Accident medical expenses	Flight delay Luggage delay Luggage cover Trip cancellation Liability cover	Assistance Service expenses Transportation costs Repatriation of insured costs Repatriation of deceased costs Legal Assistance	
Short description of the loss event (If necessary continue overleaf)			
Indemnification claim / euro			

**Other information**

Are you also insured by another company against this loss?  No Yes Company _____	Have you been indemnified by the goods supplier?  No Yes Company _____
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**Signature**

I declare that the information given in this notification is true and correct. For the purpose of handling this claim, I authorize The company to acquire whatever clarifications it may deem necessary from doctors, the Social Insurance Institution and any other establishments or persons possessing information about me and my state of health.

<b>Place and date</b>	<b>Claimant's signature</b>
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