# **Claim Form Luggage**



Europäische Reiseversicherung AG Schaden-Management schaden@europaeische.at Kratochwjlestraße 4, A-1220 Wien

Policy no. or first 8 digits of credit card no. Claim no.

## A. Event

Departure date	Return date	_ Travel destinat	ion	
Purpose of trip priv	ate busine	ess - profession?		
When did the damage occur?	Date	Time of day	City	Country
When and where did you notice?	Date	Time of day	City	Country
Where were the damaged items	stored at the time? _			
Was the luggage/place in questio	on locked?	No	Yes	
Has the damage been notified to	the transportation c	ompany? No	Yes – with which carrier	?
Please provide a detailed accoun	nt of the events:			
				Please enclose additional sheet if there is not enough space
Have you submitted a damage cla	aim with liable third-	parties (e.g. lodg	ing establishments, airline	s) or insurance companies (or already
received any compensation)?	No Yes – w	ith whom? Name	, address	
Have you already received any co	ompensation?			
No Being processed	Yes - Amount EUI	R		(please enclose documents)
Please only answer in the event of	of a car burglary, car	accident or car th	<u>eft:</u>	
When did you get to the place wi	here the damage occ	urred? Date		Time of Day
Where was the vehicle located at	t the time the damag	e occurred?		
Where were the damaged/ stole	n/missing items store	ed at the time?		
Was the vehicle closed and locke	d? No	Yes		
Had you already checked into you	ur lodgings at the tim	ne the damage oc	<b>curred?</b> No Yes – whe	m?



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**B** Traveller (person affected)



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B. Huvener (person (																	
Salutation																	
Title, First- and Last name					Stree	et, H	ouse	e no.	, Doc	or no							
Date of birth					Zipco	ode,	City	, Cοι	intry								
Phone					E-Ma	ail											
Do you own			Policy no.							Insur	er						
homeowner's insurance?	No	Yes															
other luggage insurance?	No	Yes															
comprehensive insurance? (only to be completed for motor vehicle	No e luggage	Yes claims)														 	 
credit card?	No	Yes –	which?														
Cardholder				Car	d no.												
										х	х	х	х	х	х		
										x	х	х	х	х	x		
										х	х	х	х	х	х		

# C. Items affected

Description of the items	Purchased where?		oice osed	Date of <sub>l</sub>	purchase	Purchase price in EUR		
		Yes	No	Month	Year			
please enclose								
additional shot								
enough space								





# Claim Form Luggage

### Europäische Reiseversicherung AG Schaden-Management schaden@europaeische.at Kratochwilestraße 4, A-1220 Wien

### Please enclose the following documents for your claim to be checked:

#### Damage or loss

- proof of insurance
- travel documents (e. g. booking confirmation, flight tickets), that show the duration of the journey (ourward and return journey)
- invoices for your possessions
  in the event of theft: e. g. police record from location of the claim
- in the event of damage: photo(s) of the damage, or preliminary estimate of costs for repair, or, if repair is impossible or uneconomic, confirmation of this fact
- in the event of damage/loss during air travel\*:
  - flight tickets (Boarding Pass) including Baggage Tag
- confirmation of notification of damage from the flight company
- confirmation from the flight company regarding unsuccessful investigations (you will receive this confirmation about 4 weeks following notification of the loss to the flight company)

### Delayed luggage at destination

- proof of insurance
- travel documents (e. g. booking confirmation, flight tickets), that show the duration of the journey (ourward and return journey)
- flight tickets (Boarding Pass) including Baggage Tag\*
- confirmation of notification of damage from the flight company\*
- receipts for replacement purchases

\* the information to be provided in respect of air travel applies correspondingly for journeys by ship, coach and rail.

For credit cardholders: copy of <u>one</u> monthly statement dated within 3 month prior the claim

### Every claim is different.

### Further documents/originals may be required to check your claim.

The insurance benefit shall be paid into the following account						
Account holder						
IBAN	BIC					

We need your personal data to check your claim. Your personal data is processed on the basis of Article 6(1)(b) GDPR for the purpose of performing the insurance contract. Where health data is also required to check your claim, we process your health data on the basis of the power granted by Sections 11a to 11d of the Austrian Insurance Contract Act (VersVG). You can find more information about how we process your data at europaeische.at/en/legal/privacy

We always strive to meet the wishes of our customers and to improve. We therefore contact selected customers by e-mail after a claim has been processed for the purpose of obtaining feedback about quality and customer satisfaction. You can object to being contacted for this purpose at any time by sending an e-mail to <u>vertragsmanagement@europaeische.at</u>.

#### By signing, I confirm that the above information I have provided is accurate and complete.