Claim Form Luggage

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Europäische Reiseversicherung

To verify your claim we require and process your personal data in order to fulfil the insurance contract (Art. 6 Abs. 1 b) DSGVO).
For detailed information regarding the way in which we process your data please check europaeische.at/datenschutz.

Policy or credit card no. _____ Claim No. _____

1. ☐ Mr. ☐ Mrs. First name _____ Last name _____
   Street _____
   Postal code _____ Place _____ Country _____
   Date of birth _____ Phone _____ E-mail _____
   Purpose of trip ☐ private ☐ business ☐ other _____
   Did you travel alone? ☐ No ☐ Yes Profession _____
   Departure date _____ Return date _____ Travel destination _____

2. When did the damage occur? Date _____ Time of day _____ Place _____ Country _____
   When and where did you notice it? Date _____ Time of day _____ Place _____ Country _____
   Please provide a detailed account of the events (please attach an additional page if space is not sufficient):
   _____
   _____
   _____
   Are there witnesses? ☐ No ☐ Yes – Name _____ Address _____

3. Where were the missing /damaged items stored at the time? _____
   _____
   Was the place in question locked? ☐ No ☐ Yes

4. Had the damaged luggage been checked with a carrier? ☐ No ☐ Yes Was the luggage locked? ☐ No ☐ Yes
   With which carrier? _____
   Has the damage been notified to the transportation company? ☐ No ☐ Yes

5. Please only answer in the event of a car burglary or car accident:
   Vehicle license plate No. _____
   When did you get to the place where the damage occurred? Date _____ Time of day _____
   Where had you come from? _____
   In what time frame did the damage occur? between (date) _____ and (date) _____
   Where was the vehicle located at the time the damage occurred? _____
   _____
   Where were the missing/damaged items stored at the time? _____
   Was the vehicle closed and locked? ☐ No ☐ Yes
   Did the vehicle show signs of forced entry? ☐ No ☐ Yes
   Had you already checked into your lodgings at the time the damage occurred? ☐ No ☐ Yes – when? _____
   Do you carry comprehensive insurance? ☐ No ☐ Yes – Policy No. _____ Insurer _____

6. Do you own: Policy No. Insurer
   Homeowner's insurance ☐ No ☐ Yes – _____ _____
   Other luggage insurance ☐ No ☐ Yes – _____ _____
   Credit card ☐ No ☐ Yes – which?
   ☐ Visa ☐ MasterCard ☐ DinersClub ☐ AmericanExpress ☐ _____ Card No. ☐☐☐☐☐☐☐☐ X X X X X X X X
   ☐ Visa ☐ MasterCard ☐ DinersClub ☐ AmericanExpress ☐ _____ Card No. ☐☐☐☐☐☐☐☐ X X X X X X X X

7. Have you submitted a damage claim with liable third-parties (e.g. lodging establishments, airlines etc.) or insurance companies (or already received any compensation)?
   ☐ No ☐ Yes – with whom? (name and address) _____
   Was this claim approved? ☐ No ☐ Yes – in what amount? € _____ (Please attach documents)

To insure quick claim processing, please supply the following documents:

Damage or loss

- proof of insurance
- travel documents (e.g. booking confirmation)
- purchase receipts for the items, in the original
- in the event of **theft**: Police report in the original
- in the event of **damage**: Photo 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 ticket (Boarding Pass) including Bag Tag, in the original
  - confirmation of notification of damage from the flight company, in the original
  - confirmation from the flight company regarding unsuccessful investigations, in the original (you will receive this confirmation about 4 weeks following notification of the loss to the flight company)

Delayed luggage at destination

- proof of insurance
- flight ticket (Boarding Pass) including Bag Tag, in the original*
- confirmation of notification of damage from the flight company, in the original*
- purchase receipts for replacement purchases, in the original

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

Credit card holders: Proof of insurance = proof of credit card usage for the duration of 3 months before insured event occurred = copy of monthly statement

Damaged or lost items

Description of the items	Purchased from which company	Original invoice enclosed		Date of purchase		Purchase price in €	Space for office use only
		Yes	No	Month	Year		