

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.hmrv.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 nessascary)

a)						
Insur	ed:	🗆 no	□ yes	No of suitcases:	No of bags:	others:
b)						
Insur	ed:	🗆 no	□ yes	No of suitcases:	No of bags:	others:
c)						
Insur	ed:	🗆 no	□ yes	No of suitcases:	No of bags:	others:
d)						
Insur	ed:	🗆 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).



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III. Details of journey:

1.	Intended duration of journey:	From	to						
2.	Date of commencement (date and time):	From	to						
3.	Country of destination:								
4.	Which tour operator organised the journey? Please send us your booking confirmation (copy) □ The journey was organised by myself (ourselves)								
5.	How was the journey undertaken \Box by air \Box by r	ail 🗆 by car 🗆 by other me	eans						
IV	. Details of the damage event:								
1.	When did the loss occur? (date, time):								
2.	2. When was the loss discovered? (date, time):								
3.	Where exactly did the loss take place (country, town/city, street as applicable)?								
	How did the loss occur? Please give a detailed desc continue on a separate sheet).	ription with all attendant cir	cumstances (if necessary,						
4.	To what authority did you notify the loss?								
	\Box Police \Box Hotel/Tour Guide \Box Airline \Box Bus drive	ver 🗆 Campsite 🗆 Rail-/Fe	rry comp.						
	in	at (Date)	on am/pm						
	Please send us the original police report and / or th airline, please submit the airline's confirmation (PIR claim date differs from the date of the police report ask you for a detailed explanation.	certificate) and the original	flight and luggage tickets. If the						

5. What was the value of your luggage that was not affected by the claim (including items worn on your body) at the time the damage occurred (current value)?

EUR _____

V. Loss of/damage to baggage while in the safekeeping of an airline:		
Has an application for compensation already been made to the airline?	□ No □ Yes	
Has the airline got a full list of the Lost baggage contents submitted?	\Box No \Box Yes, please send us copy's	
If so, to which airline?		
Have you received compensation? \Box No \Box Yes, the sum of	(Please enclose proof)	

Please submit not only the PIR certificate but also the tickets and baggage check-in stubs as well as the original of the final confirmation of loss issued by the airline.

VI. Lost or damaged baggage

Please submit the original proofs of purchase, where necessary credit-card invoices, guarantee cards, fee receipts for identification documents, confirmation from specialist dealers of the extent of damage (expertise), repair invoices, instruction manuals for technical appliances.

ltem	Purchase price in EUR	When purchased Month/year	Where purchased	Proof of purchase yes/no	Please do not write in this column

VII. Lost or damaged baggage

Type of vehicle:	🗆 Car	🗆 Kombi	\Box Cabriolet	□ Camper	🗆 Caravan	🗆 Bus	Motorcycle	,
Model:			Year bui	lt:	_	Regist	ration number	:
Where was the v	ehicle at	the time th	e loss occurre	d?				
🗆 Car Park	🗆 Roadsi	ide	🗆 Garage	\Box official c	ampsite			
The vehicle was	parked th	here from _			_am/pm unti	l		am/pm
Where were you	Where were you during this time?							
When was the theft discovered?								
How was the car Please send us t								
Who owns the vehicle (name and address)?								
Vehicle insurance (name and address of the company):								
			respec	ctive policy n	o.:			
Was the damage	notified	to the moto	or insurance co	ompany? 🗆	No 🗆 Yes, r	espective	e 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	S(Name and address of the relevant person(s))					
If so, when?	_ Compensation received?	\Box No \Box Yes \Box Not yet decided				
With which insurance companies hav (Name, Address, policy-no., claim-no.						
		ecessary, continue on a separate sheet)				
		the state of the s				

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? \Box No \Box Yes, claim-No.:						
5.	. Do you have insurance cover for household and personal effects? \square No \square Yes, Policy-No.:						
	If so, please give name and address of the insurance company:						
	Have you filed a claim with that company? \Box No \Box Yes, claim-N	lo.:					
6.	Who should receive the claim settlement? (Name, address, bank acco	unt, IBAN, BIC, Swift, ABA)					
		-1					
Pla	Place, Date Policyholder's signature						
IX	IX. Original documents to be enclosed with the claim:						
□ Policy/proof of premium payment □ Police report							
	□ Confirmation of notification from airline/transport company □ Booking confirmation						
	\Box Final confirmation of loss from airline \Box Air tickets/baggage check-in stubs						
	\Box Purchase invoices of the affected items \Box Repair invoice/s						
	□ Fee receipts for identification documents □ Expertise						
	□						

 \Box List of items not affected by the damage (form is attached)

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