

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.

<input type="checkbox"/> Mr <input type="checkbox"/> Ms	_____	_____
First name(s)		Surname(s)
Street	_____	Street Number
Postcode / Place	_____	Country
Telephone / Mobile	_____	e-mail
Date of birth	____ ____ ____ ____ ____ ____	

2. Bank account

Who is entitled to receive the insurance benefit?

<input type="checkbox"/> see 1. beneficiary:	_____	_____
First name		Surname
Name of Bank	_____	_____
IBAN	_____	Swift- / BIC-Code

3. 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)	_____	Insurance number (policy number, annual insurance number or credit card number)
Commencement of journey / stay	____ ____ ____ ____ ____ ____	End of journey / stay
	____ ____ ____ ____ ____ ____	Period of insurance (days)

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

▶ Please use an additional sheet of paper if necessary.

<input type="checkbox"/> Mr <input type="checkbox"/> Ms	_____	_____
First name / Surname 1st travelling companion		Insurance (please state if damage has occurred)
Address	_____	_____
Was any damage caused to the luggage of the person during travel / the stay?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Policy number (please state if damage has occurred)
<input type="checkbox"/> Mr <input type="checkbox"/> Ms	_____	_____
First name / Surname 2nd travelling companion		Insurance (please state if damage has occurred)
Address	_____	_____
Was any damage caused to the luggage of the person during travel / the stay?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Policy number (please state if damage has occurred)
<input type="checkbox"/> Mr <input type="checkbox"/> Ms	_____	_____
First name / Surname 3rd travelling companion		Insurance (please state if damage has occurred)
Address	_____	_____
Was any damage caused to the luggage of the person during travel / the stay?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Policy number (please state if damage has occurred)

▶ see reverse

5. 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

6. 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

| | : | | o'clock

Time

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

| | | | | | | | | |

Date

| | : | | o'clock

Time

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

| | | | | | | | | |

Date

| | : | | o'clock

Time

7. 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

 see reverse

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

What damage did the break-in cause to the car?

Details of the car owner concerned and the car insurance:

Mr Ms _____ Insurance company _____
 First name / Surname of car owner

_____ Policy number _____
 Address

8. In case of luggage damage during air travel:  Please submit the flight booking confirmation / e-ticket, air tickets, boarding cards and luggage tickets (also those of your travelling companions), confirmation of damage by the airline (PIR), final confirmation of loss of luggage (if necessary, request from the airline) as originals.

Airline _____ Flight number _____ Flight date | | | | |

9. General information:

Has any damage ever occurred to your luggage before? No Yes
 ▶ Please use an additional sheet of paper if necessary.

_____ If Yes, when? _____ Claim amount in euros _____ Was compensation paid? No Yes

_____ Were you insured? No Yes _____ If yes, with which insurance company (companies)? _____ Was compensation paid? No Yes

_____ If Yes, when? _____ Claim amount in euros _____ Was compensation paid? No Yes

_____ Were you insured? No Yes _____ If yes, with which insurance company (companies)? _____ Was compensation paid? No Yes

_____ If Yes, when? _____ Claim amount in euros _____ Was compensation paid? No Yes

_____ Were you insured? No Yes _____ If yes, with which insurance company (companies)? _____ Was compensation paid? No Yes

Has any damage ever occurred to the luggage of your travelling companions? No Yes

_____ Insurance company of travelling companions _____

Address of the insurance company of travel companions _____ Policy number _____

Is your luggage insured in any other manner (credit card etc.)? No Yes

_____ Insurer / type of credit card (bank) _____

Did you report your damage to them? No Yes

_____ Insurance company _____

Do you have a household and personal effects insurance? No Yes

_____ Policy number _____

Address of the insurance company _____

Did you report your damage to them? No Yes

10. What was the value of the entire luggage?

Please state the respective total value of the damaged or lost luggage and the luggage not affected by the damage including the clothing worn, hand luggage and valuables.

Luggage of the applicant:

Countervalue in euros

Luggage of accompanying family members:

Countervalue in euros

Luggage of other travelling companions:

Countervalue in euros

11. Items lost or damaged:

Please submit proof of purchase and guarantee cards as originals for all items stated; in case of damage, also the bill for repairs or cleaning or expert opinion / confirmation of specialised shop.

Can you furnish proof of the value of the lost or damaged items completely or partially by bills, receipts or guarantee cards you still have or have yet to obtain?

No Yes

Table with 5 columns: Lost or damaged item, Purchase price in euros, Date of purchase, from company, Proof of purchase is enclosed. Rows 1-15.

Please do not make any entries here. Will be completed by AGA International S.A.

Large empty rectangular box for AGA International S.A. completion.

Please use an additional sheet of paper for additional items if necessary.

Estimated total weight of the items affected by the damage: kg

12. Instructions on duty to tell the truth (Section 28 of the German Insurance Contract Act [VVG]):

The above details are true and have been given to the best of my knowledge. I have noted that intentionally false or incomplete details can result in a loss of insurance benefits. If false or incomplete details are provided through gross negligence, the insurance company can reduce the insurance benefits in proportion to the degree of fault. The insurance benefits will not be reduced if I can furnish proof that false or incomplete details were not provided through gross negligence. If I furnish proof that the intentional or grossly negligent details provided were not the cause of the determination of the insured event or the determination or the scope of the insurance company's liability for insurance benefits, the insurance company shall remain obliged to pay insurance benefits. The latter restriction shall not apply if the false or incomplete details were fraudulently provided by me. In case of fraudulently provided or incomplete details, the insurance company shall be released from its obligation to pay insurance benefits in all cases.

13. Declaration of assignment: I hereby assign any claims against third parties to AGA International S.A. at the amount of the payments made by AGA International S.A.

Place / Date

Signature (Minors require the signature of a parent or guardian)