

## Claim form – Baggage insurance

Name of the policyholder	Insurance policy number
Address of the policyholder	
Name of the insured	

### Who is to receive compensation in the event of liability for damages?

Name of the bank account holder	
IBAN	BIC

### Have other persons traveled with you?

<input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Fellow traveler: Name		Address	
Insured with	Insurance policy number	Was this person's baggage also damaged during the journey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Fellow traveler: Name		Address	
Insured with	Insurance policy number	Was this person's baggage also damaged during the journey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Fellow traveler: Name		Address	
Insured with	Insurance policy number	Was this person's baggage also damaged during the journey?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### When and where did the damage happen?

Date	Time	City/Street
Where was the affected baggage when the damage happened?		

### How did the damage happen? (Please describe in detail)

### Were there witnesses?

<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please state the witnesses' names and addresses	

**Was the damage recorded by the police?**

Yes  No | Police station | File number

**If baggage was stolen from a vehicle**

Please hand in: repair invoice for the vehicle (copy) and, where applicable, the rental car invoice (original)

License number	Year of construction	Make of car	Classification	<input type="checkbox"/> Permanently enclosed car	<input type="checkbox"/> Car with sunroof
<input type="checkbox"/> Convertible	<input type="checkbox"/> Station wagon	<input type="checkbox"/> Camper	<input type="checkbox"/> Caravan	<input type="checkbox"/> Coach	<input type="checkbox"/> Motorcycle
Where was the vehicle at the time of damage?	<input type="checkbox"/> Parking lot	<input type="checkbox"/> Garage	<input type="checkbox"/> Roadside		
The vehicle was parked there from...until	Where were you during that time?				
When did you notice the theft?	What kind of damage did the vehicle suffer from the theft?				
Name and address of the affected car insurance company, vehicle owner (where applicable), insurance policy number					

**In case of baggage damaged during a plane trip**

Please hand in the following original documents: plane tickets (also those of your fellow travelers), baggage vouchers, Property Irregularity Report (PIR), confirmation about the definite loss of baggage (if necessary, request from airline).

**In case of baggage damaged in hotels, boarding houses or other accommodation**

Please hand in the following original documents: police report on the filing of charges, confirmation or copies of the correspondence with the company providing the accommodation pertaining to the reporting of the damage.

In which containers/rooms were the damaged items stored?			
Were these containers/rooms broken open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there visible signs of the break-in?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you make a claim for compensation with the company providing accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If not, why not?			

**Pre-existing damages**

Have you or your family members had baggage damages in the last five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of damage	Year of damage	Compensation sum
Name and address of the insurance company		

**Other insurance policies**

Is your baggage also insured in any other way, e.g. through a credit card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the baggage of your fellow traveler(s) insured in any other way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name and address of the insurance company					
Insurance policy number	Was the damage registered with that company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have contents insurance?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Name and address of the insurance company					
Insurance policy number	Have you registered the damage with that company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**Please state the total value of your baggage?**

Applicant €	Accompanying family members €	Other fellow travelers €
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**Lost or damaged items**

Please hand in the original purchase receipt and warranty card for all items, in the event of damage please also hand in the invoices for repair/cleaning/expert opinion.

**List of lost or damaged items**

Item	Bought from which company?	Purchase price in €	Date of purchase	Purchase receipt attached?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No
11				<input type="checkbox"/> Yes <input type="checkbox"/> No
12				<input type="checkbox"/> Yes <input type="checkbox"/> No
13				<input type="checkbox"/> Yes <input type="checkbox"/> No
14				<input type="checkbox"/> Yes <input type="checkbox"/> No
15				<input type="checkbox"/> Yes <input type="checkbox"/> No
16				<input type="checkbox"/> Yes <input type="checkbox"/> No
17				<input type="checkbox"/> Yes <input type="checkbox"/> No
18				<input type="checkbox"/> Yes <input type="checkbox"/> No
19				<input type="checkbox"/> Yes <input type="checkbox"/> No
20				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Important note/Signature**

The policyholder and the insured are required to provide true, accurate and complete information on the data requested. The insurance company is released from its obligation to perform if the policyholder or the insured intentionally or with gross negligence provides incomplete or incorrect information or commits fraudulent misrepresentation. In case of intentionally incorrect information, this legal consequence also ensues if it neither affects the assessment nor the scope of benefits incumbent on the insurer. If you act with gross negligence when violating an obligation, we are entitled to reduce our payment proportional to the severity of your fault.

Place, date	Signature of the policyholder
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