

g) Where did you last see your travel luggage? Place Country

h) When did you last see your travel luggage? Date Time

i) Please describe precisely how the loss occurred (if necessary attach supplementary sheet)

j) To whom did you report the loss?

Police department (office, place) Date Time

Transport company (name, place) Date Time

Hotel- / tourguide Date Time

Other (name, place) Date Time

k) Where there any witnesses? Yes No

If yes, who?

Name Address

Telephone E-mail

5. If travel luggage was stolen from a vehicle (please enclose the repair bill of the vehicle as well as the rental car bill)

a) Where was the vehicle at the time of the loss?

b) When was the vehicle parked there? Date Time from / to

c) When did you discover the theft? Date Time

d) Where were you at that time?

e) Was the vehicle locked? Yes No

f) Is the vehicle insured through a partially or fully comprehensive insurance? Yes No

If yes, with which insurance company? Policy no.

6. General information

a) Have you had travel luggage claims in the last 5 years? Yes No

If yes, when?

Cause of loss Theft Loss Damage

Damage amount in CHF

Has compensation been paid? Yes No Compensation in CHF

By which insurance company? Policy no.

b) Do you have other property or travel luggage insurance (e.g. household insurance)? Yes No

If yes, with which insurance company?

Company Agency Policy no.

Company Agency Policy no.

Has the loss been reported to them? Yes No

7. Mislaidd, damaged or destroyed items (if necessary attach supplementary sheet)

Item description	Purchase price	Purchase date	Bought at (store)	Receipt available?	
				Yes	No
1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
12. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Do all items belong to you? Yes No

If not, the owner of no. _____ is (first name, last name)

Owner of the no. _____ is (first name, last name)

Declaration

I confirm that the above information is true and complete. I note that I may lose the right to indemnity if my information is untrue incomplete or contradictory, even if this does not cause the insurer any disadvantage. I declare my consent to Allianz Travel (Switzerland) obtaining information and inspecting files from travel companies and agents, transport companies, authorities (police, courts etc.), other insurance providers etc., and release them from their legal or contractual professional secret. Insofar as I am not already aware, I hereby acknowledge and agree that information provided for the purposes of claims settlement may, if necessary, be made wholly or partially available to service providers in Switzerland or elsewhere in Europe that are subject to comparable standards of data protection.

Place, date

Signature of the insured person (in the case of minors their legal representative)

In order to process your claim we need the following documents:

- Booking confirmation
- Confirmation of loss by the transport company (e.g. Property Irregularity Report [PIR])
- Purchase receipt, in the absence of the guarantee, if there was damage involved the repair bill or cost of repair estimate
- Confirmation by the transport company of the definitive loss of the luggage and compensation letter
- Police report in the event of theft or robbery