

Claim form Roadside-Assistance

Please fill out this claim form completely and truthfully.

Personal data

Claim no _____	License plate _____
Last name _____	First name _____
Street / no _____	Phone no _____
ZIP / town _____	E-mail _____
Date of birth D D M M Y Y Y Y	

Expenses

Benefit	Currency	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send us the relevant receipts.

Details for the payment of benefits

IBAN

Name and address of the account holder (if different from above)

I hereby confirm the correctness and completeness of my informations

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 Assistance (Switzerland) obtaining information and inspecting files from 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 _____