

# Notification of Claim

Claim no. \_\_\_\_\_

## Baggage Insurance

Dear Client

During your journey you sustained damage of your luggage. In order to provide insurance services, we need some additional information from you. Please carefully fill out this notice of damages and enclose the following documents:

- Receipts for checked-in luggage
- Confirmation from transport company/tour guide/hotel
- Receipts and bills (originals)
- Police report
- Bill for the booked travel arrangement
- Bills for repair costs and costs estimate, if applicable
- Original or copy of the credit card statement showing that at least 80% of the purchase price was paid with the card

If you are not able to answer a question, please note the reason why.

### Questions concerning the policy holder (person entitled to claim)

Name: \_\_\_\_\_

First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street/no.: \_\_\_\_\_

Zip code/city: \_\_\_\_\_

Phone (day time): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Account Number (Neon-IBAN): \_\_\_\_\_

### Travelling partner(s) (Please give names, first names, addresses)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Questions concerning other insurances

1. Do other insurances exist for this incident?  yes  no
2. If yes, which ones? \_\_\_\_\_
3. Has reimbursement already taken place or been applied for through another party?  yes  no
4. If yes, through whom? \_\_\_\_\_

### Questions concerning the damage

5. Was this: \_\_\_\_\_
- Delayed delivery of luggage  Theft  Robbery  Damage  Destruction
- Others: \_\_\_\_\_

6. Where did the damage happen?  
 Country: \_\_\_\_\_ City: \_\_\_\_\_  
 Place: \_\_\_\_\_

7. Container/Packaging: \_\_\_\_\_

8. Flight no./train no.: \_\_\_\_\_

9. Where did you see your luggage for the last time? \_\_\_\_\_

10. When did you see your luggage for the last time? \_\_\_\_\_

11. When did the event of damage happen? \_\_\_\_\_ Date: \_\_\_\_\_ Time period: \_\_\_\_\_

12. When did you notice the damage? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

13. Under which circumstances did the incident happen? (enclose sketch if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. What is the total number of pieces of luggage taken on the journey? \_\_\_\_\_

15. How many of them were checked-in? \_\_\_\_\_

16. How many pieces of luggage have been missing since the incident occurred? \_\_\_\_\_

17. Has the damage been reported to the transport company? If yes, enclose the Property Irregularity Report  yes  no

18. Does an official protocol exist (police report)?  yes  no

19. If not, please give reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_

20. Are there any eyewitnesses?  yes  no

21. If yes, please give names and addresses:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Questions concerning previous cases of luggage damage**

22. Have you  or your travelling partner  had any cases of luggage damage in the past five years?  yes  no

23. If yes, please list all (enclose separate sheet if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_

24. Cause of damage: \_\_\_\_\_ Extent of damage: \_\_\_\_\_

25. Have you  or the claimant  received compensation?  yes  no

26. If yes, how much compensation did you receive? \_\_\_\_\_

27. If yes, give name and address of the insurance company:  
 \_\_\_\_\_  
 \_\_\_\_\_

ERV will be released from the duty of payment if, after the event of damage, the insured person tries to deceive ERV regarding circumstances that are relevant to the reason or the amount of the payment.

I commit myself to notifying ERV immediately, if I have further details about the perpetrator or the missing objects, and I hereby authorize ERV to the inspection of records and to demand documents/files for further enquiries.

Place and Date \_\_\_\_\_ Signature of the insured person or his/her legal representative \_\_\_\_\_

Missing, damaged, or destroyed objects belong to:

Damage No:

(a separate form is necessary for victims not living in the same household)

|    | Objects | Purchase date | Price | from which company | Receipt yes/no | Depreciated value |
|----|---------|---------------|-------|--------------------|----------------|-------------------|
| 1  |         |               |       |                    |                |                   |
| 2  |         |               |       |                    |                |                   |
| 3  |         |               |       |                    |                |                   |
| 4  |         |               |       |                    |                |                   |
| 5  |         |               |       |                    |                |                   |
| 6  |         |               |       |                    |                |                   |
| 7  |         |               |       |                    |                |                   |
| 8  |         |               |       |                    |                |                   |
| 9  |         |               |       |                    |                |                   |
| 10 |         |               |       |                    |                |                   |
| 11 |         |               |       |                    |                |                   |
| 12 |         |               |       |                    |                |                   |
| 13 |         |               |       |                    |                |                   |
| 14 |         |               |       |                    |                |                   |
| 15 |         |               |       |                    |                |                   |
| 16 |         |               |       |                    |                |                   |
| 17 |         |               |       |                    |                |                   |
| 18 |         |               |       |                    |                |                   |
| 19 |         |               |       |                    |                |                   |
| 20 |         |               |       |                    |                |                   |
| 21 |         |               |       |                    |                |                   |

Place and date

Signature of the insured person or his/her legal representative