

Notification of Claim

Claim no.:

Flight delay

Dear Customer

In order to be able to determine whether an insurance benefit is to be paid, we need some important information. Please complete this notification of claim carefully and, where applicable, include the following documents:

- booking confirmation (original or copy)
- receipts, bills for insured costs, travel tickets
- original or copy of the credit card statement showing that at least 80% of the purchase price was paid with the card

If you cannot answer a question or cannot do so in full, please explain why you cannot do so.

Questions about the person entitled to submit a claim (person who concluded the insurance)

Last name:

First name(s):

Date of birth:

Street/No.:

Postcode/Town:

Phone (daytime):

E-mail address:

Account number (Neon IBAN):

Questions on further insurance cover

1. Are there any other insurances for this event? yes no
2. If yes, which ones?
3. Has compensation already been paid to or applied for by another party? yes no
4. If so, from whom?

Questions about flight delays

5. Date of the booking order:
6. Tour operator:
7. When (date/time) would the connecting flight have departed as scheduled?
8. To what date/time have you been rebooked?
9. What was the reason for the flight delay?
10. Have you already made the claim with the airline? yes no
11. If yes, please enclose the reply.
12. If no, why not:

ERV is released from the obligation to settle a claim if the insured attempts to fraudulently deceive ERV about circumstances that are relevant to the cause or amount claimed after the occurrence of an insured event.

I authorise doctors, hospitals of all kinds, the authority responsible for administrative measures in road traffic, the police, fire service, insurance carriers, authorities to provide ERV with all necessary information about previous and existing illnesses and illnesses occurring during the term of the policy, consequences of accidents and infirmities and hereby release the aforementioned from their legal duty of confidentiality.

Place and date

Signature of the insured or his/her legal representative