


Claim Reference No.:

Claim Form for Travel Liability Insurance

Please complete in full.

AWP P&C S.A., Niederlassung für Deutschland
Schadenabteilung
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1. Personal details:

 Please write your name in full.


| | | | |
|-----------------------------|-----------------------------|----------------------|----------------------|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Ms | <input type="text"/> | <input type="text"/> |
| | | First name(s) | Surname(s) |
| <input type="text"/> | | <input type="text"/> | |
| Street | | Street Number | |
| <input type="text"/> | | <input type="text"/> | |
| Postcode / Place | | Country | |
| <input type="text"/> | | <input type="text"/> | |
| Telephone / Mobile | | e-mail | |
| <input type="text"/> | | <input type="text"/> | |
| Date of birth | | | |
| <input type="text"/> | | | |

2. Bank account

Who is entitled to receive the insurance benefit?


| | | | |
|---------------------------------|------------------------------|----------------------|----------------------|
| <input type="checkbox"/> see 1. | or other beneficiary: | <input type="text"/> | <input type="text"/> |
| | | First name | Surname |
| <input type="text"/> | | <input type="text"/> | |
| Name of Bank | | | |
| <input type="text"/> | | <input type="text"/> | |
| IBAN | | Swift- / BIC-Code | |
| <input type="text"/> | | <input type="text"/> | |


3. Details of the insurance:

 Please submit copies of your insurance certificate, the insurance confirmation with proof that the premium has been paid (receipt) and your travel confirmation.

| | | |
|---|--|----------------------------|
| <input type="text"/> | <input type="text"/> | |
| Booking / Travel agency / Operator (if available) | Insurance number or credit card number, including name of bank | |
| <input type="text"/> | <input type="text"/> | |
| Commencement of journey / stay | End of journey / stay | Period of insurance (days) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

4. Personal details of the person who suffered the damage:

 Please write the name in full.

| | | | |
|-----------------------------|-----------------------------|--|----------------------|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Ms | <input type="text"/> | <input type="text"/> |
| | | First name(s) | Surname(s) |
| <input type="text"/> | | <input type="text"/> | |
| Street | | Street Number | |
| <input type="text"/> | | <input type="text"/> | |
| Postcode / Place | | Country | |
| <input type="text"/> | | <input type="text"/> | |
| Telephone / Mobile | | e-mail * | |
| <input type="text"/> | |  * = if available | |
| Date of birth * | | | |
| <input type="text"/> | | | |

Are you and the person who suffered the damage related?

No Yes

If yes, how are you related?

Does the person who suffered the damage live in the same household as you?

No Yes

6. Who did you report the damage to?

 Please submit suitable documentation (e.g. police report, confirmation of the tour operator's, the Hotel management or the like) as originals.

Police (place and address of police station, and possibly the name of contact)

Date

Time : o'clock

Tour operator's / Hotel management or any other office (name, address, and possibly the name of contact)

Date

Time : o'clock

Did anyone see the incident and / or can they testify to what happened?

No Yes

Mr Ms

First name / Surname Witness

Address

7. General information about the damage:

 Please submit the written notice of the claim, bills, receipts etc. as originals.

Have claims for damages already been filed against you?

No Yes

If yes, when?

verbally

in writing

Amount of the claims filed €

Did you acknowledge your liability for damages to the person who suffered the damage?

No Yes

Have you already made payments to the person who suffered the damage?

No Yes

Do you consent to the compensation being paid to the person(s) who suffered the damage or to a third party authorised to receive the compensation in the event of your liability for damages?

No Yes

If yes, at what amount? €

8. Details on the property damage:

What item was damaged?

Please give a brief description of the type and extent of damage:

Can the item be repaired?

No Yes

How high do you estimate the property damage?

€

What was the purchase price of the damaged item?

€

Date of purchase of the damaged item

Was the damaged item

rented

leased

borrowed

held in safe custody by you?

Please provide further details in this connection:

9. Details on personal injuries:

What injuries did the affected person suffer:

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| |

Which doctors treated the injured person at the destination / place of damage?

Name and address of the doctor in charge

Name and address of another doctor or specialist

Which doctor treats the injured person since the return at home? *

Name(s) and address(es)

| |
|--|
| |
| |
| |

Age of the injured person: *

Family status of the injured person: *

Health insurance of the injured person: *

▶ * = if available

10. Details of further insurances:

Is or was there any other liability insurance?

No

Yes

Insurance company (Name)

Policy number

Address of the insurance company

Did you report your damage to them?

No

Yes

11. Data Protection

We process your personal data in compliance with the EU General Data Protection Regulation (GDPR), the German Federal Data Protection Act (Bundesdatenschutzgesetz, BDSG), the data protection provisions of the German Insurance Contracts Act (Versicherungsvertragsgesetz, VVG) as well as all other applicable laws. The processing of special categories of personal data – including health data – is subject to special protection. By providing us with health data in connection with your claim, you give us explicit permission to process the health data necessary for processing the claim.

12. Instructions on duty of truthfulness (Section 28 of the German Insurance Contract Act [VVG])

The above details are true and have been given to the best of my knowledge. I have noted that intentionally false or incomplete details can result in a loss of insurance benefits. If false or incomplete details are provided through gross negligence, the insurance company can reduce the insurance benefits in proportion to the degree of fault. The insurance benefits will not be reduced if I can furnish proof that false or incomplete details were not provided through gross negligence. If I furnish proof that the intentional or grossly negligent details provided were not the cause of the determination of the insured event or the determination or the scope of the insurance company's liability for insurance benefits, the insurance company shall remain obliged to pay insurance benefits. The latter restriction shall not apply if the false or incomplete details were fraudulently provided by me. In case of fraudulently provided or incomplete details, the insurance company shall be released from its obligation to pay insurance benefits in all cases.

Place / Date

Signature (Minors require the signature of a parent or guardian!)