

Claim Reference No.:


\_\_\_\_\_

# Claim Form for Travel Luggage Insurance

AWP P&C S.A., Niederlassung für Deutschland  
Schadenabteilung  
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Please complete in full.

## 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Bank account

Who is entitled to receive the insurance benefit?


<input type="checkbox"/> see 1.	<b>or other beneficiary:</b>	<input type="text"/>	<input type="text"/>
		First name	Surname
<input type="text"/>		<input type="text"/>	
Name of Bank		<input type="text"/>	
<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
<input type="text"/>	<input type="text"/>
	Period of insurance (days)
	<input type="text"/>

## 4. Details of all (even temporary) travelling companions:

 Please use an additional sheet of paper if necessary.

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>
		First name / Surname 1st travelling companion	Insurance (please state if damage has occurred)
<input type="text"/>		<input type="text"/>	
Address		Insurance (please state if damage has occurred)	
<input type="text"/>		<input type="text"/>	
Was any damage caused to the luggage of the person during travel / the stay?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
		Policy number (please state if damage has occurred)	
<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>
		First name / Surname 2nd travelling companion	Insurance (please state if damage has occurred)
<input type="text"/>		<input type="text"/>	
Address		Insurance (please state if damage has occurred)	
<input type="text"/>		<input type="text"/>	
Was any damage caused to the luggage of the person during travel / the stay?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
		Policy number (please state if damage has occurred)	
<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>
		First name / Surname 3rd travelling companion	Insurance (please state if damage has occurred)
<input type="text"/>		<input type="text"/>	
Address		Insurance (please state if damage has occurred)	
<input type="text"/>		<input type="text"/>	
Was any damage caused to the luggage of the person during travel / the stay?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
		Policy number (please state if damage has occurred)	
<input type="text"/>		<input type="text"/>	

## 5. Details of the damage:

Please describe and name the place of damage as exactly as possible:

\_\_\_\_\_

\_\_\_\_\_

Date of the damage


| | | | | | | |

Time

at /  
between | | : | | o'clock and | | : | | o'clock

Where were the items concerned at the time of damage?

\_\_\_\_\_

Please describe how the damage occurred in detail:  Please use an additional sheet of paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone see the incident and / or can they testify to what happened?  
(If yes, please enclose the witness's report!)

No  Yes

Mr  Ms

\_\_\_\_\_  
First name / Surname 1st Witness


Address

Mr  Ms

\_\_\_\_\_  
First name / Surname 2nd Witness

Address

## 6. Who did you report the damage to?

 Please submit suitable documentation (e.g. police report, confirmation of the tour operator's management or airline, receipt of fees paid for the camping site) as originals.

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

| | | | | | | |  
Date

| | : | | o'clock  
Time

Airline (name, address, and possibly the name of contact)

| | | | | | | |  
Date

| | : | | o'clock  
Time

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

| | | | | | | |  
Date

| | : | | o'clock  
Time

## 7. In case of luggage stolen from a vehicle:

 Please submit the bill for vehicle repairs (copy) and, if applicable, the original rental car bill.

Passenger car, closed compartment without sunroof

Passenger car with sunroof

Cabriolet

Estate car

Camper / Motorhome

Camping trailer / Caravan

Coach

Motorbike

Registration number

Make

Model designation

Year of manufacture

 see reverse

Where was the vehicle when the damage occurred?  Parking area  Garage  Roadside

The vehicle was parked there from | | : | | till | | : | | o'clock

Where were you during this period?


When was the theft discovered? Date | | : | | Time | | : | | o'clock

What damage did the break-in cause to the car?

Details of the car owner concerned and the car insurance:


Mr  Ms First name / Surname of car owner Insurance company

Address Policy number

**8. In case of luggage damage during air travel:**  Please submit the flight booking confirmation / e-ticket, air tickets, boarding cards and luggage tickets (also those of your travelling companions), confirmation of damage by the airline (PIR), final confirmation of loss of luggage (if necessary, request from the airline) as originals.

Airline Flight number Flight date

**9. General information:**

Has any damage ever occurred to your luggage before?  No  Yes  
 Please use an additional sheet of paper if necessary.

If Yes, when? Claim amount in euros Was compensation paid?  No  Yes

Were you insured?  No  Yes  
 If yes, with which insurance company (companies)? Claim amount in euros Was compensation paid?  No  Yes

If Yes, when? Claim amount in euros Was compensation paid?  No  Yes

Were you insured?  No  Yes  
 If yes, with which insurance company (companies)? Claim amount in euros Was compensation paid?  No  Yes

Has any damage ever occurred to the luggage of your travelling companions?  No  Yes

Address of the insurance company of travel companions Insurance company of travelling companions  
 Policy number

Is your luggage insured in any other manner (credit card etc.)?  No  Yes  
 Insurer / type of credit card (bank)

Did you report your damage to them?  No  Yes

Do you have a household and personal effects insurance?  No  Yes  
 Insurance company  
 Policy number

Address of the insurance company  
 Did you report your damage to them?  No  Yes

