

**Claim Advice ASSISTANCE Insurance (Allianz travel insurance)**

Claim no. (filled in by Allianz Global Assistance)

**1. Details of insured person**

Last name	First name	
Street/no.	Zipcode/Town	
Telephone private	Telephone work	
Profession	Date of birth	E-Mail

**2. Bank or postal check account**

Client  Travel Agency

IBAN no.	Swift/BIC
Bank name	Zipcode/Town

Account holder's name and address

Did you pay the trip by credit card?  Yes  No

If yes, detailed information of your credit card company

Credit card no.	Expiry date
-----------------	-------------

**3. Information about additional insurances**

Travel insurance	location	insurance policy n°
Accident insurance	location	insurance policy n°
Health insurance	location	insurance policy n°
Supplementary insurance	location	insurance policy n°

**4. Details of the trip**

Travel company/tour operator/landlord	Travel agency/booking office
Destination	Duration of trip from/to <input type="checkbox"/> private trip <input type="checkbox"/> professional trip
Definite booking date	Date insurance taken out

Please list all the travellers

1. First name/last name	Relationship
2. First name/last name	Relationship
3. First name/last name	Relationship
4. First name/last name	Relationship

Price of travel package per booking (pls indicate currency) \_\_\_\_\_

Unforeseen expenses per person (pls indicate currency) \_\_\_\_\_ x number of persons \_\_\_\_\_ = (Total) \_\_\_\_\_

**5. Details of the illness**

a) Please describe in your own words the course of the illness

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Did the troubles occur suddenly?  Yes  No

c) When did you first notice the ailment? \_\_\_\_\_ Date

When did you go to the doctor? \_\_\_\_\_ Date

Which doctor did you see? (Name, address)

\_\_\_\_\_

d) Had the troubles already occurred previously?  Yes  No

If yes, when was the first time? \_\_\_\_\_ Date

Did you go to the doctor at that time?  Yes  No

If yes, which doctor (Name, address)

\_\_\_\_\_

**6. Details of the accident**

a) When and where did the accident happen? \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

b) Please describe in your own words how the accident happened. What happened exactly?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) What injuries did you suffer from?

\_\_\_\_\_

\_\_\_\_\_

d) Were you under the influence of alcohol, medication or other drugs?  Yes  No

If yes, which ones?

e) Did you go to the doctor/hospital?  Yes  No

If yes, when was the first time? Date

Name, address of doctor/hospital

f) Was a third party involved in the accident? (For traffic accidents see also supplementary questions)  Yes  No

If yes, who? (Name, address)

Third party's liability insurer	Name	Policy no.
---------------------------------	------	------------

g) Were other people involved in the accident?  Yes  No

If yes, who? (Name, address)

h) Are there witnesses of the accident?  Yes  No

If yes, who? (Name, address)

i) Was a police report drawn up?  Yes  No

If yes, by which office? (Name, address)

7. **Declaration** 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 Global Assistance (Schweiz) obtaining information and inspecting files from travel companies and agents, transport companies, authorities (police, courts etc.), other insurance providers etc., and release them from their legal or contractual professional secret.

**Place, date**

**Signature of the insured person** (in the case of minors their legal representative)

**In order to process your claim we need the following documents**

Travel agency's contractual conditions

Telephone costs

Original receipts for unforeseen expenses (Refreshments / Food excluded)