

Name and address of policyholder

Please complete the form and send it back to

HanseMerkur Reiseversicherung
Siegfried-Wedells-Platz 1
20354 Hamburg
Germany
E-Mail: Reiseleistung@hansemerkur.de

Travel Luggage Claim Form

Confirmation no / insurance no: _____

Dear Policyholder

In order to process your claim efficiently we require specific information from you. Please complete this form as accurately as possible to avoid any unnecessary queries. Thank you for your cooperation and do not hesitate to contact us if anything is unclear to you.

I. Particulars of insured individuals affected by the damaging event:

Name:	Address:	Date of birth:	Occupation:	E-Mail:
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____

II. Details of journey:

- Intended duration of journey: from: _____ to: _____
- Date of commencement (date and time): _____ Date journey ended: _____
- How was the journey undertaken? By air By rail By car By other means _____
- Which tour operator organised the journey? _____
 → Please send us your booking confirmation (copy) The journey was organised by myself (ourselves)
- Names and addresses of persons travelling with you and the number of items of baggage carried by each person:
 - _____ case(s) ___ bag(s)/rucksack ___ other
 - _____ case(s) ___ bag(s)/rucksack ___ other
 - _____ case(s) ___ bag(s)/rucksack ___ other

III. Details relating to the policy:

When and where did you take out the travel insurance policy? _____

→ Please submit a copy of the policy or proof of premium payment (eg copy of bank statement showing debit of premium).

IV. Details of damaging event:

- 1) When did the loss occur? (date, time) : _____
- 2) When was the loss discovered? (date, time) : _____
- 3) Where exactly did the loss take place (country, town/city, street as applicable)?

How did the loss occur? Please give a detailed description with all attendant circumstances (if necessary, continue on a separate sheet).

- 4) Lost or damaged baggage (if necessary, continue on a separate sheet):

Please submit the **original** proofs of purchase, where necessary credit-card invoices, guarantee cards, fee receipts for identification documents, confirmation from specialist dealers of the extent of damage (expertise), repair invoices, instruction manuals for technical appliances.

Item	Purchase price in EUR/other currency	When purchased, month/year	Where purchased	Proof of purchase enclosed yes/no	<i>Please do not write in this column</i>

- 5) What was the value of the baggage not included in the claim (including items carried on you) at the time the loss occurred (current value)?

EUR/currency _____ Please use the enclosed form

- 6) To what authority did you notify the loss ? If no notification was given, please give a detailed explanation of why not.

- Police in _____ on _____ at _____ am/pm
→ Please submit the original police report. If the date of loss should differ from that on which the police were notified, please give explanation.
- Airline _____ in _____ on _____ at _____ am/pm
→ Please enclose the original airline confirmation (PIR) as well as the original flight tickets and baggage check-in stubs.
- Others _____ on _____ at _____ am/pm
→ Please enclose original confirmation, tickets and baggage check-in stubs

V. Loss of/damage to baggage while in the safekeeping of an airline:

Has an application for compensation already been made to the airline? Yes No

If so, to which airline? _____

Have you received compensation? No Yes, the sum of _____ (Please enclose proof)

→ In the case of lost baggage:

- Please submit not only the PIR certificate but also the tickets and baggage check-in stubs as well as the original of the final confirmation of loss issued by the airline.
- Did you give the airline a full list of the contents of the lost item of baggage? No Yes

VI. Theft of a vehicle or of baggage from a vehicle:

Type of vehicle : Car Cabriolet Camper Caravan Coach Motorcycle

Model: _____ Year built: _____ Registration number: _____

Where was the vehicle at the time the loss occurred?

Car park Roadside Garage Official campsite _____

The vehicle was parked there from _____ am/pm until _____ am/pm

Where were you during this time? _____

When was the theft discovered? _____

How was the car damaged by the break-in? _____

→ Please send us the repair invoice (copy).

Who owns the vehicle (name and address)? _____

Vehicle insurance (name and address of the company): _____

_____ respective policy no: _____

Was the damage notified to the motor insurance company? No Yes respective claim no: _____

Exactly where and how were the respective items stowed in the vehicle?

→ In the case of hired vehicles, please submit the respective car hire invoice.

VI. General declarations:

1) Have you yourself, or possibly those persons travelling with you, claimed for loss or damage of baggage or other valuables in the past? Please ensure that all previous damaging events are included and please also note the personal declaration below.

No Yes _____
(Name and address of the relevant person(s))

If so, when? _____ Compensation received? Yes No Not yet decided

With which insurance companies have claims been filed? (name, address, policy no, claim no)

- if necessary, continue on separate sheet -

2) Did you yourself or those persons travelling with you take out other insurance policies for baggage or valuables for the period in question?

No Yes _____
(name and address of the relevant person(s))

If so, please give names and addresses of insurance companies: _____

_____ Policy nos.: _____

Has a claim been filed with such an insurance company? No Yes Claim no: _____

- if necessary, continue on separate sheet -

3) Do you have insurance cover for household and personal effects? No Yes

If so, please give name and address of the insurance company: _____

_____ Respective policy no: _____

Have you filed a claim with that company? No Yes respective claim no: _____

VII. Do you have any other insurance policy?

Do you have other insurance cover for travel cancellation, e.g. from a different insurance company, via a credit card (MasterCard, VISA, American Express) or from membership of an association?

No Yes If yes, please state the insurance number/membership number/credit card number and the name of the credit card company or association.

Was the insured event reported to another insurance company/credit card company/association?

No Yes

VIII. Who should receive the claim settlement?

(name, address, telephone no., bank account, IBAN, BIC / Swift / ABA)

Policyholder's signature

IX. Original documents to be enclosed with the claim:

- | | | | |
|---|-------------------------------------|--------------------------------|-------------------------------------|
| Policy/proof of premium payment | <input checked="" type="checkbox"/> | Police report | <input checked="" type="checkbox"/> |
| Confirmation of notification from airline/transport company | <input checked="" type="checkbox"/> | Confirmation of travel booking | <input checked="" type="checkbox"/> |
| Air tickets and baggage check-in stubs | <input checked="" type="checkbox"/> | Car hire invoice | <input type="checkbox"/> |
| Final confirmation of loss from airline | <input checked="" type="checkbox"/> | Repair invoice/s | <input checked="" type="checkbox"/> |
| Fee receipts for identification documents | <input type="checkbox"/> | Expertise | <input type="checkbox"/> |
| Purchase invoices of the affected items | <input checked="" type="checkbox"/> | | |
| | <input type="checkbox"/> | | |

Please do not staple or clip documents together! Thank you for your co-operation.

Insurance no.:
(Please quote unless already provided)

Claim no.:
(Please quote if known)

IX. Information on the consequences of breach of duty after the insured incident has occurred

Information under Sec. 28 para. 4 VVG

Dear customer

After the insured incident has occurred, we require your assistance.

Duty to provide information and assist in clarification

On the basis of the contractual agreement entered into, we may ask you to provide us with all information that is necessary to clarify the scope of liability (duty to provide information) and to clarify the matter fully (duty of clarification) to enable us to fully assess the claim. However, we may also request that you provide us with supporting documents, provided that such requests are reasonable.

Loss of benefits

If, contrary to the contractual agreements, you fail to provide us with information or give incorrect information, or wilfully fail to provide us with the supporting documents that we request, you will lose your entitlement to compensation. If breach of such obligations is based on gross negligence, we may reduce the benefits in proportion to the seriousness of the negligence. There will be no reduction if you prove that you have not been grossly negligent in infringing the obligations.

Notwithstanding a breach of your obligation to either provide information, assist in clarification, or provide supporting documents, we are still obliged to pay compensation insofar as you can prove that any violation of duty was without causal effect on either on the establishment of the scope of the insured incident or on the scope of our liability.

If you fraudulently breach the obligation to provide information to clarify matters or to provide supporting documents, we will in every case be released from our liability to pay the claim.

Note:

If a third party, and not you yourself, is entitled to the benefits under the contract, such third party must also provide information assist in clarifying matters and provide supporting documents.

Place: _____ **Date:** _____

Signature of policyholder and insured or legal representative

X. Final statement

I confirm that the information I have provided above is true and complete. I am aware that incorrect or incomplete information may lead to the loss of the insurance cover. I have taken note of the above information in accordance with Sec. 28 para. 4 of the Insurance Contract Act on the consequences of breach of obligation after the insured incident.

In addition I assign my claims and demands against a third party causing the accident / liable party or against my statutory health insurance fund / private health insurer to the amount of the compensation paid by HanseMerkur Reiseversicherung AG to HanseMerkur Reiseversicherung AG.

Place: _____ **Date:** _____

Signature of policyholder and insured or legal representative

Insurance no.:

(Please quote unless already provided)

Claim no.:

(Please quote if known)

Please send your records to:

HanseMerkur Reiseversicherung AG, Dep. RLK3, Siegfried-Wedells-Platz 1, 20354 Hamburg
Tel.: +49 (40) 4119–2300, Fax: +49 (40) 4119–3586, Mail: Reiseleistung@hansemerkur.de

Dear Customer

In order to process your claim as quickly as possible, we need important information from the doctors who treated you. Please send us this authorisation to release medical records, so that we do not have to contact you with any follow-up questions. This will help to speed up the processing of your insurance claim.

Please note: You or the person about whom health data is to be collected may refuse to grant authorisation for the release of medical records. In this case, the obligation of HanseMerkur Reiseversicherung AG to pay insurance benefits shall be suspended until it is given the opportunity to examine the entitlement to benefits.

Thank you very much for your assistance. Should you have any further questions, please do not hesitate to contact us.