HanseMerkur
Reiseversicherung AG

Name and address of policyholder

Please complete the form and send it back to

HanseMerkur Reiseversicherung AG
c/o SOS International a/s
Nitivej 6
2000 Frederiksberg (DK)
E-Mail: claim-service@hansemerkur.dk

Travel Baggage Claim Form

confirmation / 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:	Tel no:
1)				
2)				
3)				
4)				

II. Details of journey:

1) Intended duration of journey: from: _____ to: _____
2) Date of commencement (date and time): _____ Date journey ended: _____
3) How was the journey undertaken? ☐ By air ☐ By rail ☐ By car ☐ By other means _____
4) Which tour operator organised the journey? _____
   ➔ Please send us your booking confirmation (copy)
   ☐ The journey was organised by myself (ourselves)
5) Names and addresses of persons travelling with you and the number of items of baggage carried by each person:
   1) _____ __ case(s) __ bag(s)/rucksack __ other
   2) _____ __ case(s) __ bag(s)/rucksack __ other
   3) _____ __ 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	*Please do not write in this column*

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/other currency _____ ☐ Please use the enclosed form

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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.

☐ Hotel/tour management in _____on _____ at _____am/pm
➔ Please enclose original confirmation

☐ 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.

☐ Bus driver _____ on _____ at _____am/pm
➔ Please enclose original confirmation

☐ Campsite management _____ on _____ at _____am/pm
➔ Please enclose original confirmation

☐ Railway company/ferry company, etc (name)
_____ on _____ at _____am/pm
➔ Please enclose original 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 : ☐ Saloon car ☐ Estate 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.

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VI. General:

1) What steps were taken to retrieve or restore the items?

_____

2) Are there any witnesses to the event? (names and addresses):

_____

_____

3) 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 <u>all</u> 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 -

4) 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 -

5) 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. Personal Declaration:

I (we) confirm that, to the best of my (our) knowledge, I (we) have answered all questions truthfully and completely. I (we) acknowledge expressly that incorrect and incomplete particulars given knowingly (deliberately) will lead to the complete loss of insurance cover, even if no prejudice is entailed by HanseMerkur as a consequence.

_____, _____ _____
Place Date Signature of insured person/s

VIII. Original documents to be enclosed with the claim:

Policy/proof of premium payment	☒	Police report	☒
Confirmation of notification from airline/transport company	☒	Confirmation of travel booking	☒
Air tickets and baggage check-in stubs	☒	Car hire invoice	☐
Final confirmation of loss from airline	☒	Repair invoice/s	☒
Fee receipts for identification documents	☐	Expertise	☐
Purchase invoices of the affected items	☒		
	☐		

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

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

Information under the Act relating to insurance contracts (Insurance Contracts Act) of 16 June 1989 No. 69 section 8-1

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 (the terms of the insurance), 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
The claim form must be completed as accurately as possible. We would like to emphasize that anyone who deliberately provides the insurance company with false or incomplete information may loose any entitlement to compensation pursuant to that insurance policy, cf. the Insurance Contracts Act section 8-1

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 loss of insurance cover. I have taken note of the above information in accordance with the Insurance Contracts Act section 8-1 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

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