

**Name and address of policyholder**

*Please complete the form and send it back to*

HanseMerkur Reiseversicherung AG  
c/o IMA BENELUX S.A.  
Square des Conduites d'Eau 11/12  
4020 Liège  
E-Mail: claim-service@hansemerkur.be

## 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:

<u>Name:</u>	<u>Address:</u>	<u>Date of birth:</u>	<u>Occupation:</u>	<u>Tel no:</u>
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).

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- 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 pur- chased, month/year	Where purchased	Proof of pur- chase 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 \_\_\_\_\_ ☐ 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.

☐ 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.

## 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 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 -

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.**

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

### Information

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 neither the result of establishing the scope of the insured incident or 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 loss of insurance cover. I have taken note of the above information 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