

# Claim reports

Claim-No. \_\_\_\_\_

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## Luggage – theft/robbery/miscarriage

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Dear Customer,

You suffered a loss regarding your luggage during your trip. In order to be able to provide you with insurance benefits quickly and straightforwardly, we require some important information from you.

Please complete this notice of loss carefully and enclose the following documentation, if applicable:

- Receipts for checked luggage
- Confirmation from the transport company/tour operator/hotel
- Proofs of purchase (original invoices and receipts)
- Police report
- Invoice for the travel arrangement(s) booked
- Invoices for repairs and cost estimates, if any
- Copy of the insurance policy

Should you be unable to answer a question in whole or in part, please state the reasons therefor.

### Questions regarding the insured person

Name: \_\_\_\_\_

First given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Road/House number: \_\_\_\_\_

Post code/Place: \_\_\_\_\_

Phone (reachable during the day): \_\_\_\_\_ E-mail adress: \_\_\_\_\_

Account number (IBAN): \_\_\_\_\_

Bank code (BIC/SWIFT): \_\_\_\_\_

Name, post code and place of the bank: \_\_\_\_\_

### Accompanying person(s) (please state surname and forename, address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Questions regarding the insurance

1. Date the insurance contract was concluded: \_\_\_\_\_

2. Policy no.: \_\_\_\_\_

3. Are other insurance policies in place for this event?  Yes  No

4. If so, please state \_\_\_\_\_

5. Was an indemnity paid or applied for elsewhere?  Yes  No

6. If so, state name \_\_\_\_\_

**Questions regarding the loss**

8. Does the claim refer to:  
 Delayed delivery of luggage       Theft       Robbery       Damage       Destruction  
 Other:
9. Where did the loss occur?  
Country: \_\_\_\_\_ Place: \_\_\_\_\_  
Location: \_\_\_\_\_
10. Container/packaging: \_\_\_\_\_
11. Flight no./journey no.: \_\_\_\_\_
12. Where did you see your luggage last? \_\_\_\_\_
13. When did you see your luggage last? \_\_\_\_\_
14. When did the loss occur? \_\_\_\_\_ Date: \_\_\_\_\_ Period: \_\_\_\_\_
15. When was the loss detected? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
16. What were the circumstances surrounding the occurrence? (Please enclose drawing if applicable)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. How many items of luggage did you take on the trip? \_\_\_\_\_
18. How many items of luggage were checked? \_\_\_\_\_
19. How many items of luggage have been missing since the loss occurred? \_\_\_\_\_
20. Did you report the loss to the transport company? If so, please enclose the Property Irregularity Report.       Yes       No
21. Where the facts officially recorded (police report)?       Yes       No
22. If not, state reasons:  
\_\_\_\_\_  
\_\_\_\_\_
23. Where there eyewitnesses?       Yes       No
24. If so, please specify name and adress  
\_\_\_\_\_  
\_\_\_\_\_

**Questions regarding earlier luggage losses**

25. Did you  or your travel companion(s)  suffer a luggage loss in the past 5 years?       Yes       No
26. If so, please describe all losses (enclose a separate sheet, if required).  
\_\_\_\_\_  
\_\_\_\_\_
27. Cause of loss: \_\_\_\_\_ Amount of loss: \_\_\_\_\_
28. Did you  or the claimant  receive an indemnity?       Yes       No
29. If so, what was the amount of the indemnity \_\_\_\_\_
30. If so, please state the name and address of the insurance company:  
\_\_\_\_\_  
\_\_\_\_\_

ERV Shall be exempt from its obligation to pay if after occurrence of the insured loss, the insured person attempts to fraudulently misrepresent to ERV the circumstances that are significant for the cause and the amount of the benefits

I agree to inform ERV without delay should I find out details about the perpetrator or the whereabouts of the items and I hereby authorise ERV to inspect the records and/or request records for investigation purposes.

Place and date

Signature of the damage originator or the statutory representative

## Lost, damaged or destroyed items

Claim-No. \_\_\_\_\_

Owner of the items (in case the persons who suffered the damage do not share a residence, one form per owner of claimed items): \_\_\_\_\_

Items	Date of purchase	Purchase price	Seller company	Receipt yes/no	Current market value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

Place and date \_\_\_\_\_

Signature of the damage originator or the statutory representative \_\_\_\_\_