

Claim form Luggage insurance

In the event of a claim, please complete this questionnaire digitally and forward it to schaden@conzeptas.eu or to your personal claims handler.

Contract no.	surer
Policyholder	
Name	_
Street, no.	_
Postcode, city	<u>-</u>
Phone no.	_
E-Mail	-
	-
General Information about the claim	
Claim number (if already available):	
Bank details for payment IBAN no. Bloom	C-/SWIFT-Code
Type and duration of trip	
Business Private or holiday trip from	to
How many people were travelling at the time the claim occured?	
When was the damaged discovered? date:	time:
Report The damage was reported on time and a list of the stolen items was handed over (please attach certificat	at the following location
Police Transport company Hotel Other:	
Department	File Reference
Processed by	
Damaged item(s)	
Estimated damage amount	_€
Is it a total loss?	
Is the item covered by other insurance? (e.g. household contents, lug	ggage insurance through a travel company)
Yes No Insurer/insurance number	



Detailed descritption of the circumstances of the damage (please enclose a separate sheet, sketch or photos if necessary)

Witnesses to the incident:	
-	
In the case of burglary or theft	
Where were the stolen items stored?	
How were the stolen items secured?	
What traces were found? (if applicable, enclose a copy of the repair bill)	
Additionally in the case of burglary from/of a mot	tor vehicle
When was the vehicle parked? date:	time:
Where was the vehicle parked?	
What damage has been found on the vehicle?	
Has the vehicle damage been reported to an insurer?	Yes No
rias the verticle damage been reported to air insurer:	Insurer
CONZEPTA'S Assekuranzmakler AG is hereby authorized to accept o under the insurance contract. This includes, in particular, claims payments	on our behalf as the policyholder any benefits that the insurer is required to provide
Data protection	
We use personal data provided to us by the policyholder for the issuan	nce and administration of the insurance, including the processing of any related on Policy at hhttps://www.conzeptas.eu/en/data-protection/. This General Data conzeptas.eu.
Place, date Signature of t	the policyholder



List of damages

Please assign the items affected by the claim to the persons travelling with you.

Serial no.	Description if the items affected	Number of items	Date of purchase	Supplier please enclose invoice attached	New value	Current value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

List of undamaged or recovered luggage

(including items carried on the person)

Serial no.	Item	Date of aquisition	New value	Current value