



redefining / standards

insurance

Insurance Claim Form

Notification of loss under insurance of luggage/sports equipment

For the purpose of quick and efficient examination of the claim, please complete the form below accurately and send directly to the address of the loss adjuster acting on behalf of AXA TUIR S.A.

Please attach the following to the form:

in the case of a claim concerning loss of or damage to luggage/sports equipment in transit or while at the left luggage office:

1. report of the carrier/left luggage office operator, confirming the event, or the police report (if applicable)
2. proofs of purchase of the lost effects (if applicable) – in the case of lost luggage
3. photocopy of your identity document (identity card or passport)

in the case of a claim concerning theft of luggage/sports equipment from a vehicle:

1. police report
2. proofs of purchase of the lost effects (if applicable)
3. photocopy of your identity document (identity card or passport)

in the case of a claim concerning loss of or damage to luggage/sports equipment as a result of an accident:

1. police report
2. medical report and medical diagnosis relating to the post-accident treatment (if applicable)
3. proofs of purchase of the lost effects (if applicable)
4. a photocopy of your identity document (identity card or passport)

in the case of a claim concerning loss of or damage to luggage/sports equipment while under the direct care of the injured party:

1. police report, if the event resulted from a theft
2. medical documentation confirming the illness or accident, if the loss or damage was occasioned by any such events
3. proofs of purchase of the lost effects (if applicable)
4. photocopy of your identity document (identity card or passport)

in the case of a claim concerning delayed luggage:

1. report of the carrier confirming the event
2. original receipts for the objects purchased
3. photocopy of your identity document (identity card or passport)

Correspondence address:

**Inter Partner Assistance Polska S.A.
ul. Chłodna 51
00-867 Warszawa
tel. +48 22 575 90 80**

A. GENERAL INFORMATION

1. **Name and surname of the claimant**
(or legal guardian)

2. Contact tel. no. _____

3. **Name and surname of the insured person**

4. Address

_____/_____
Town/City Post code Street House number/flat number

Contact tel. no. _____

5. Correspondence address

_____/_____
Town/City Post code Street House number/flat number

6. E-mail address

Do you consent to correspondence being sent to you by e-mail? yes no

7. PESEL personal electronic identity number* _____

8. Number of the Beneficiary's bank account to which indemnity should be paid _____

9. Name of the bank

10. Name and surname of the account holder

11. Instructions on the method of payment of indemnity postal order (please state the residence address if different from the one given above)

_____/_____
Town/City Post code Street House number/flat number

12. Policy number/travel reservation number

13. Date and place where the policy was taken out (applies to individual policies)

14. Name of the travel agent – travel organizer (applies to group policies under agreements with tour operators)

B. TRAVEL INFORMATION

1. Country where the event occurred

2. Beginning of travel

departure date time

3. End of travel

departure date time

C. INFORMATION ON THE LOSS OR DAMAGE

1. The loss or damage relates to: luggage sports equipment
Please specify.

2. When did the event take place?

between the hours of and

3. When was the event/loss ascertained?

at time

4. Place of the event:

5. Detailed description of the loss or damage and the circumstances of its occurrence
(please continue on a separate sheet, if the space below is not sufficient)

6. Were the police, the carrier, the administration, the hotel, etc. notified of the event?
(Please state names and addresses)

yes no

7. Type of loss or damage

loss theft items missing from luggage delay damage Estimated value of loss:

D. INFORMATION ON THE COSTS INCURRED

1. Please provide a list of the objects lost and/or damaged.
Please attach the receipts of purchase or repairs (if any).

Object	Date of purchase	Price/Currency	Brand/Type	Receipt		Amount being claimed
				yes	no	
1)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
2)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
3)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
4)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
5)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Total				Total		

2. Was any indemnity paid out from another source (for instance, the carrier)?

yes no

3. If so, please state the name of the firm:

