

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: $\frac{1}{2} \frac{1}{2} \frac{1$

- 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
- 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: $\frac{1}{2} \frac{1}{2} \frac$

- 1. police report, if the event resulted from a theft
- 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		
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*		
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 indem	nity postal order (please state the residence address if diffe	erent from the one given above)
Town/City	Post code Street	House number/flat number
	rost code Street	nouse number/ nat 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 (appl	ies to group policies under agreements with tour operators)	

B. TRAVEL INFORMATION	N							
Country where the event occurred								
2. Beginning of travel	departure date) <u>M</u> ,M, <u>Y,Y,Y,Y</u>	time HH L	M _. M				
3. End of travel	departure date) <u>M</u> ,M, <u>Y,Y,Y,Y</u>	time HH	/I_M				
C. INFORMATION ON TH	E LOSS OR DAMAGE							
 The loss or damage re Please specify. 	elates to: □ luggage	☐ sports equipment						
2. When did the event ta place?	ke	Y Y Y Y be	etween the hours of	H ₁ H ₁ M ₁ M	and L	Н,Н	M_M	
3. When was the event/leascertained?	D,D,M,M	<u> </u>	time H.H.M.	VI.				
4. Place of the event:								
6. Were the police, the can (Please state names at 1) 7. Type of loss or damage □ loss □ theft □ iter D. INFORMATION ON THE 1. Please provide a list of	e ms missing from luggage E COSTS INCURRED f the objects lost and/or	delay □ damage		of loss:			□ yes	□ no
Please attach the rece	ipts of purchase or repair	rs (if any).			Rece	int		
Object		Date of purchase	Price/Currency	Brand/Type	yes	no	Amount being	claimed
1)		, M, M, Y, Y, Y, Y,						
1)								
2)	_DE	<u> </u>						
3)	<u>_</u>	<u>, M,M, Y,Y,Y,Y</u>						
4)	D E), _{[M, M, Y, Y,}						
4)								
5)	<u>_</u>	<u>M,M, Y,Y,Y,Y</u>						
		Total				Total		
2. Was any indemnity pai		ce (for instance, the carrie	er)?				□ yes	□ no
3. If so, please state the	name of the firm:							

	unt of the indemnity paid:			
amount	currency			
5. If no indemnity has be	een paid, was any indemnity claim filed with any	other firm?	□ yes	□ no
6. If so, to which one? P	lease state the name and address.			
E. INFORMATION ON OT	HER INSURANCES			
	surance of luggage/sports equipment? ne of the insurance company and the policy num	ber.	☐ yes	□ no
F. DECLARATIONS				
I acknowledge that my peclaimed.	ersonal data will be processed by AXA TUIR S.A.	with its registered office in Warsa	aw, for the purpose of settling the l	oss being
	information given above is true and I am aware may result in a refusal to pay indemnity.	that certifying an untruth or giving	g false information may result in m	y being
D, D, M, M, Y, Y, Y, Y		D, D, M, M, Y, Y, Y, Y		
Date	Signature of the Insured or attorney-in-fact	Date	Signature of the person reporting	the loss

We wish to inform you that providing your personal data is voluntary but necessary for the insurance contract to be implemented and the claim to be examined (the sole purpose – data processing). The data administrator is AXA Towarzystwo Ubezpieczeń i Reasekuracji S.A. with its registered office in Warsaw, 00-867, ul. Chlodna 51. The data subject is authorised to inspect and amend his/her personal data and to lodge a written and substantiated demand that his/her personal data no longer be processed in light of his/her special situation, and to object to the processing of his/her personal data.

If you need help in filling in this form, please call +48 22 575 90 80 or write to axa-likwidacja.szkoda@ipa.com.pl.