

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:

- 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. Prosta 68 00-838 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 diff	ferent from the one given above)
Town / City	Post code Street	House number/flat number
Town/City	Post code Street	nouse number/ liat 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)	

В.	. TRAVEL INFORMATION							
1.	Country where the event occurred							
2.	Beginning of travel	te D.D. M.M. Y.Y.Y.Y.	time H.H.	Л M				
3.	End of travel							
	departure da	te DD MM YYYYY	time HH	/I_M				
	. INFORMATION ON THE LOSS OR DAM.							
1.	The loss or damage relates to: Please specify.	luggage						
2.	When did the event take place?	M,M, Y,Y,Y,Y be	etween the hours of	H,H,M,M	and i	н,н,	M_M	
3.	When was the event/loss ascertained?	M,M,Y,Y,Y,Y at	time H.H. M.L	M.				
4.	Place of the event:							
7.	Were the police, the carrier, the admini (Please state names and addresses) Type of loss or damage						□ yes	□ no
	loss theft items missing from	luggage 🛘 delay 🗘 damage	Estimated value	of loss:				
	INFORMATION ON THE COSTS INCUR! Please provide a list of the objects los							
	Please attach the receipts of purchase	or repairs (if any).						
Ob.	4	Data of words	D.: /O	D	Rece		A	-1-!1
Obje	ect	Date of purchase	Price/Currency	Brand/Type	yes	no	Amount being	ciaimed
1)		<u>D,D,M,M,Y,Y,Y,Y</u>						
2)		D,D,M,M,Y,Y,Y,Y						
2)		D,D,M,M,Y,Y,Y,Y,						
3)								
4)		_D,_D, _M,_M, _Y,_Y,_Y,_Y						
5)		D,D,M,M,Y,Y,Y,Y,						
		Total				Total		
2.	Was any indemnity paid out from anoth	ner source (for instance, the carrie	er)?				□ yes	□ no
3.	If so, please state the name of the firm	ո:						

	4. Please state the amount of the indemnity paid:					
	amount currency					
	5. If no indemnity has been paid, was any indemnity claim filed	with any	other firm?		☐ yes	□ no
	6. If so, to which one? Please state the name and address.					
	E. INFORMATION ON OTHER INSURANCES					
	Do you have any other insurance of luggage/sports equipment? If so, please state the name of the insurance company and the po		ber.		☐ yes	□ no
	F. DECLARATIONS					
	I acknowledge that my personal data will be processed by AXA T claimed.	UiR S.A.	with its registered office in	Warsaw, for the pu	irpose of settling the	loss being
	I hereby confirm that the information given above is true and I at held criminally liable and may result in a refusal to pay indemnit		that certifying an untruth o	giving false inforn	nation may result in r	ny being
D			D_D_M_M_Y_Y_Y	Y_		
	ste Signature of the Insured or attorney	-in-fact	Date		of the person reporting	g 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.