

**Claim form
Assistance**

Policy no.

Claim no.
(filled in by Allianz Travel)

1. Details of insured person

Last name	First name
Street / no.	ZIP / town
Telephone private	Telephone work
Profession	Date of birth
	E-mail

2. Details of payment of benefits

Who are the benefits paid to? Client Travel agency

Bank / postal check account no. (IBAN)

Bank name

Account holder (name, address)

Did you pay the trip by credit card? Yes No

If yes, please provide name of the credit card company

Credit card no. X X X X

Expiration date
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3. Details of other insurances

Travel insurance	Location	Insurance no.
Accident insurance	Location	Insurance no.
Health insurance	Location	Insurance no.
Supplementary insurance	Location	Insurance no.

4. Details of return trip

Why was the return journey started early / delayed or the journey interrupted?

Who was affected?

Is that person related to the travellers? Yes No

If yes, relationship?

5. Details of the originally booked trip

Type of trip private professional

Travel company / tour operator / landlord Travel agency / booking office

Date of final booking Duration of trip from / to

Destination Date of insurance contract

Please list all travellers who were unable to make their return trip as planned

1. First name / last name Relationship

2. First name / last name Relationship

3. First name / last name Relationship

4. First name / last name Relationship

Price of travel package per person CHF × (number of people) = (Total CHF)

Additional charges per person CHF × (number of people) = (Total CHF)

6. Details of the illness

Please describe the course of the illness in your own words

Did the health problems arise suddenly? Yes No

When did you first notice the health problems? Date

When did you go see the doctor? Date

Which doctor did you see? (name, address)

Have the health problems already occurred previously? Yes No

If yes, when was the first time? Date

Did you go see a doctor at that time? Yes No

If yes, which doctor did you see? (name, address)

7. Details of the accident

When and where did the accident happen?

Date	Time	Place
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Please describe how the accident happened in your own words. What happened exactly?

Which injuries did you suffer from?

Declaration

I confirm that the above information is true and complete. I note that I may lose the right to indemnity if my information is untrue incomplete or contradictory, even if this does not cause the insurer any disadvantage. I declare my consent to Allianz Travel (Switzerland) obtaining information and inspecting files from travel companies and agents, transport companies, authorities (police, courts etc.), other insurance providers etc., and release them from their legal or contractual professional secret. Insofar as I am not already aware, I hereby acknowledge and agree that information provided for the purposes of claims settlement may, if necessary, be made wholly or partially available to service providers in Switzerland or elsewhere in Europe that are subject to comparable standards of data protection.

Release from confidentiality obligation

I am aware that, in order to assess its indemnification obligation, Allianz Travel (Switzerland) will check information which I have provided to substantiate my claim. For this purpose, I release all involved doctors and their assistants, who are named in the documents I submit or who are involved in the treatment, from their confidentiality obligation, even after my death. However, this release applies in respect of a previous treatment so far as this information is necessary to check the indemnification obligation. Furthermore, I release the doctors of confidence of Allianz Travel (Switzerland) from their medical confidentiality obligations towards employees of Allianz Travel (Switzerland) who are involved in processing the reported claim. I am aware that Allianz Travel (Switzerland) may, if necessary during the claims settlement process, wholly or partially rely on the services of legally independent Allianz Group companies in Switzerland or elsewhere in Europe that are subject to comparable standards of data protection. I hereby consent to personal data relating to me or my claim, including sensitive personal data, being made available to the aforementioned service companies for processing in connection with said purpose.

Place, date

Signature of the insured person (in the case of minors their legal representative)

In order to process your claim we need the following documents:

- Booking confirmation
- Documents and/or official attestations documenting the occurrence of the loss event
(e.g. detailed medical certificate with diagnosis, employer attestation, police report etc.)
- Receipts for unforeseen expenses/additional costs