

5. Details of the planned trip

Type of trip	<input type="checkbox"/> private	<input type="checkbox"/> professional
Travel company / tour operator / landlord	Travel agency / booking office	
Date of final booking	Duration of trip from / to	
Destination	Date of insurance contract	
Date of cancellation	Number of days before departure	
Please list all travellers who cancelled their booking		
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)
Cancellation charges per person CHF	× (number of people)	= (Total CHF)

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:

- Invoice of cancellation costs
- 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.)