

Please complete this claims form completely and truthfully.

Credit card number: |X|X|X|X|X|X|X|X|X|X|X|X| | | |

Name and address of the account holder (if different from above):

Further travel booking details:

Date:	Name / location of contracting party:	Amount in CHF:	Amount in foreign currency:	Service booked:

Insurance for lost, stolen or damaged luggage

During the trip, my luggage was:

☐ damaged ☐ stolen ☐ lost

Where and when did the loss or damage occur?

Location / country:

Date / time:

Where and when did you become aware of the loss or damage?

Location / country:

Date / time:

Where and when did you last see your luggage?

Location / country:

Date / time:

To whom did you report the loss or damage?

☐ Police

☐ Airline / railway / shipping company

☐ Hotel / tour guide

☐ Other: _____

Place, date, time and contact person:

Please describe the exact circumstances of the loss or damage in detail (enclose an additional sheet if necessary):

List of lost, damaged or destroyed items (enclose additional list if necessary):

Description of the item:	Type of damage: D: Damage T: Theft / loss	Purchase price (CHF):	Date of purchase:	Purchased from (shop):	Proof of purchase? Yes / no
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____

Total claim: _____

Important: please also complete the following page!

Do all the listed items belong to you? ☐ Yes ☐ No

If not, please indicate the owner of the items in question:

Item no.:	Surname / first name of owner:	Address:

Do you or one of these people have another property or luggage insurance policy (including household contents)?

☐ Yes ☐ No

If so, who? _____

With which company (name / general agency)?	Policy number:

Did you inform them about your case? ☐ Yes ☐ No

If so, did they assume the costs? Which ones?

Mandatory enclosures:

- ☐ Booking confirmation / travel documents
- ☐ Original purchase receipt (or guarantee certificate)
- ☐ Airline's response to refund request
- ☐ In the case of flights: airline property irregularity report
- ☐ In the case of theft: police report
- ☐ In the case of damage: repair bill or cost estimate

Delayed luggage insurance

My luggage was delivered more than four hours late.

Place, date and time of your arrival at destination: _____

Place, date and time of luggage delivery: _____

Information about your claim report with the airline or railway company:

Place, date, time and contact person: _____

Please describe the exact circumstances of the loss or damage in detail (enclose an additional sheet if necessary):

List of necessary clothing and body care products purchased:

Item of clothing / product:	Purchase price (CHF):	Date of purchase:	Purchased from (shop):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Persons affected by delayed luggage:

Surname / first name:	Address:	Relationship to the cardholder:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you or one of these people have another luggage insurance policy? ☐ Yes ☐ No

If so, who? _____

With which company (name / general agency): _____ Policy number: _____

Did you inform them about your case? ☐ Yes ☐ No

If so, did they assume the costs? Which ones? _____

Mandatory enclosures:

- ☐ Booking confirmation / travel documents
- ☐ In the case of flights: airline property irregularity report
- ☐ Original purchase receipts (or guarantee certificate)
- ☐ In the case of flights: airline property irregularity report

Important: please also complete the last page of the form!

Additional information, date and signature

Further relevant information about your claim statement:

The undersigned hereby confirms that the above information has been provided to the best of his / her knowledge, is truthful and complete.

The undersigned authorises Allianz and Würth Financial Services AG to check and process the information provided that is necessary to assess the obligation to pay benefits and to process the claim. To this end, the undersigned authorises Allianz to obtain further relevant information from third parties such as dealers, manufacturers or external experts. If necessary, data will be transmitted to involved third parties in Switzerland and abroad, in particular to co-insurers and reinsurers, for data processing.

Our privacy notice explains how we protect your data. To read our privacy notice, please click [here](#)

☐ **I hereby confirm that my details are correct and complete.**

I confirm that the above information is true and complete. I am aware that I can lose my entitlement to insured benefits if the information provided by me is untrue, incomplete or inconsistent, even if the insurer does not incur any disadvantage as a result. I agree to Allianz obtaining information and access to files from authorities (police, courts, etc.) other insurers and relevant third parties, and release the aforementioned parties from their legal or contractual duty of confidentiality. I hereby acknowledge and give my consent to information being transmitted either in full or in part to external service providers for the purpose of verifying entitlement to benefits.

Place / date

Signature of cardholder