

**TRAVEL CLAIM FORM**  
(PLEASE USE BLOCK CAPITALS)

Policy number .....

**INFORMATION ABOUT THE INSURED**

First Name ..... Last Name .....

Address .....

Postal Code ..... City ..... Country .....

Date of Birth (dd/mm/yyyy) ..... Gender M F

Email .....

Mobile\* ..... Email .....

*\*please include country codes*

**INFORMATION ABOUT THE CLAIM**

**Baggage claim**

Theft Loss Delayed Damaged Other .....

Where did it happen? .....

Date ..... Time .....

Full and detailed description of the event .....

Name of eventual **third party** ..... Gender M F

Address .....

Postal Code ..... City ..... Country .....

Tel\* ..... Mobile\* .....

Their insurance company .....

Country ..... Policy No .....

If caused by impact by a vehicle, give license plate .....

Is there a relationship between the insured, the opposite party and/or the witness?

No Yes .....

Smart coverage for global citizens.

**In case of theft**, are there any visible signs of forced entry?

No      Yes .....

In case of theft from a car, where in the car had you placed the stolen objects? .....

In the cabin      In a separate baggage compartment      Other .....

License plate ..... Make of the car .....

Insurance company ..... Car rental firm .....

Has a claim been reported to the police / airline / other?

No      Yes, *please submit the original report.*

**DESCRIPTION OF THE DAMAGED GOODS**

Discription of the Damaged Goods	Date of Purchase	Purchase Price	Currency

Other interests in damaged property (lessor, mortgagor, trustee, etc...) .....

If other insurances exist on the damaged property, please give name and country of insurer and policy number: .....

**CANCELLATION:**      Cancellation      Curtailment      Travel Delay

What is the reason for the cancellation/curtailment/delay? .....

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**REIMBURSEMENT METHOD**

The amount should be reimbursed to  Policyholder  Insured  Other  
Please transfer reimbursement to my account in \_\_\_\_\_ (country)  
Name of bank \_\_\_\_\_  
Address \_\_\_\_\_  
IBAN \_\_\_\_\_ BIC/SWIFT code, ABA, if any \_\_\_\_\_  
Account No \_\_\_\_\_ Account holder \_\_\_\_\_

***! Please include following documents:***

- *if possible, copy of the purchase bills or invoices;*
- *eventual police report.*

**MUST BE SIGNED BY THE INSURED**

I, the undersigned, declare that all information given in this claim form is in accordance with the truth and that nothing is concealed. I authorise Expat & Co and the insurance company to obtain information from any doctor, hospital or insurance company concerning myself or any co-insured persons in order to process the claim in accordance with the Policy Conditions.

**I hereby give Expat & Co the authority to recover any reimbursement, advanced by them, from any other insurance company or social security institution which can give a right to reimbursement as a consequence of this claimed illness, injury or accident.**

I hereby accept that Expat & Co and the insurance company will record the information given for the purpose of processing data in connection with e.g. premium collection, processing of claims, reimbursements, etc. In case of non-acceptance of the request for reimbursement, the information given may be recorded. Furthermore, I accept that insurance correspondence which does not contain health information or other sensible information is sent to the person registered as the policy holder. Expat & Co or the insurance company may choose to have data processed in or outside the EU.

Date \_\_\_\_\_ Signature \_\_\_\_\_