

## CLAIM FORM - LUGGAGE INSURANCE

Policy number:	Company:
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### 1. Insured person

Name	First Name
Address	Postcode/City
Phone Number	E-mail
Date of birth	

### 2. Bank details / account holder for reimbursement(s) - mandatory

Name	First Name
Address	Postcode/City
<b>Bank name</b>	<b>Postcode/City</b>
<b>IBAN</b>	
SWIFT/BIC	
Bank account number (if no IBAN)	

### 3. Details of damages

a) Kind of damage	<input type="checkbox"/> Theft	<input type="checkbox"/> Robbery	<input type="checkbox"/> Delayed delivery
	<input type="checkbox"/> Loss of baggage	<input type="checkbox"/> Damaged baggage	<input type="checkbox"/> other damage
b) When and where damage occurred?	City	Country	Date
c) Where supposed to be the luggage when the damage occurred?			
d) Were you present when the damage occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### 4. Please give a description of the way it happened

Who was the damage declared to (join declaration) ?	
<input type="checkbox"/> Police station in:	Date/time
<input type="checkbox"/> Airline (Name, place)	Date/time
<input type="checkbox"/> Hotel/Travel organisation	Date/time
<input type="checkbox"/> Other (Name, place)	Date/time

**5. For baggage damaged during a flight/train journey**  
*(select documents you will provide)*

- Flight/train/bus Tickets- Reservation confirmation
- Damage claim from the airline/train/bus company
- Declaration of reimbursement (airline, train/bus Company)
- Prove of definitive loss of luggage
- Police report (if stolen)

**6. Items Claimed** *(for all items please send the following documents)*

Original purchase receipt, if not available the warranty document; for damaged items the reparation costs or reparation offer

Description of items	Theft/loss/damage	Price	Date of purchase	Reparation costs
1				
2				
3				
4				
5				
6				
7				
8				

**7. Information about other Insurances**

Is there any other Insurance that may cover this incident? Yes  No

Have you applied for claims in this Insurance Company? Yes  No

Name and address of the Insurance

Have you received any allowance for this incident? Yes  No  Amount

If so please join the reimbursement or refusal statement

**8. Declaration: I declare that the above statements are true and complete to the best of my knowledge and belief. I am fully aware that my insurance rights can be canceled if the data I declared are false, incomplete or contradictory, even if it bears no prejudice to the insurer. I clearly authorize TSM INSURANCE/ASSISTANCE to request or transmit if necessary to third parties any useful information for the handling of the claim (Doctors, Insurance companies, etc...)**

Date and place

Signature insured person

Send form to: [claims@tsm-assistance.com](mailto:claims@tsm-assistance.com)