


Claims form – Business Travel Insurance

Illness and other claims not related to luggage

<p>Please fill out all fields and enclose original documentation.</p> <p>Processing your claim cannot begin before we have received all relevant information. Please fill out all fields in the claims form, otherwise the claims handling will be prolonged.</p>					
1. Personal information	Name:		Policy No.:		
	Address:		Postal code:	Town:	
	Phone (work):		Phone (home):		
	E-mail:		Company name:		
2. Bank information	Please transfer the compensation to (please tick off):		Your private bank account		
	Bank name.:		Account no.:		
	In case of transfer to foreign bank		Swift/Bic code:		
	Iban no./ account no.:				
3. Other insurance	Insurance company:		Policy No.:		
	Has the claim been reported to other insurance company? If yes, please state date?			Yes	No
	Which credit cards do you have? (please tick off)		Mastercard	Diners	Amex
	EuroCard				
	Did you pay more than 50% of the voyage with the card?				
	What bank has issued the card?				
	Type of card? (tick off):	Gold	Platin	Card no.	
Private creditcard	Company creditcard		Other?		
4. Coverage	For what are you claiming compensation (tick off)?		Illness	Cancellation	
	Repatriation	Medical escort	Missed departure	Private liability /legal aid	
	Accident/assault	Delayed flight	Replacement person	Loss of vaction days	
	Personal safety	Summoning	Other		
5. The incident	When did the incident occur (day/month/year)?				
	In what country did the incident occur?				
	Please describe the incident in details (if necessary please attach separate description):				

