



więcej / niż standard

insurance

Insurance Claim Form

Notification of loss under luggage/sports equipment insurance

In order to ensure that your claim is considered quickly and efficiently, please fill in this form in carefully and send it directly to the address of the company providing the loss settlement service and acting on behalf of AXA Ubezpieczenia TUiR S.A. (see below).

Please enclose the following with the form:

if the claim is filed in connection with the loss of or damage to luggage/sports equipment during transport or storage:

1. the report of the carrier/storage operator confirming the incident, or a police report (if applicable)
2. proof of purchase for lost items (if applicable) in the case of loss of luggage
3. a photocopy of your ID document (ID card or passport)

if the claim is filed in connection with the theft of luggage/sports equipment from a vehicle:

1. a police report
2. proof of purchase for lost items (if applicable)
3. a photocopy of your ID document (ID card or passport)

if the claim is filed in connection with damage to/destruction of the luggage/sports equipment as the result of an accident:

1. a police report
2. a medical report and medical diagnosis regarding treatment as the result of an accident (if applicable)
3. proof of purchase for lost items (if applicable)
4. a photocopy of your ID document (ID card or passport)

if the claim is filed in connection with damage to luggage/sports equipment under the direct care of the claimant:

1. a police report, if the incident occurred as the result of robbery
2. medical records confirming the illness or accident, if the loss occurred as a result of such events
3. proof of purchase for lost items (if applicable)
4. a photocopy of your ID document (ID card or passport)

if the claim is filed in connection with delayed delivery of the luggage:

1. a carrier report confirming the incident
2. original receipts for the purchased items
3. a photocopy of your ID document (ID card or passport)

Contact address:

Inter Partner Assistance Polska S.A.
ul. Prosta 68
00-838 Warsaw
phone +48 22 575 90 80

A. GENERAL INFORMATION

1. **First and last name of the person filling the form**
 (or legal guardian)

2. Contact phone no. _____

3. **First and last name of the insurance holder**

4. Address

 Town/City Postcode Street House/Apt. No.

Contact phone no. _____

5. Correspondence address

 Town/City Postcode Street House/Apt. No.

6. E-Mail Address

Do you wish to receive letters correspondence and notifications via e-mail? Yes No

7. PESEL no.* _____

8. Bank account number of the Beneficiary, to whom compensation will be paid

9. Name of the bank

10. First and last name of the account holder

11. How the payment is to be made postal order (please specify the residence address, if different from the address above)

 Town/City Postcode Street House/Apt. No.

12. Policy/booking No.

13. Date and place of policy purchase (does not apply to individual policies)

14. Name of trip organiser – travel agency (concerns group policies as part of agreements with tourist trip organisers)

* Applies to Polish citizens only.

B. INFORMATION CONCERNING THE TRIP

1. Country where the incident occurred

2. Beginning of travel

date of departure time

3. End of travel

date of departure time

C. LOSS INFORMATION

1. The loss applies to: luggage sports equipment

2. When did the incident occur?

between time and

3. When was the incident/loss discovered?

time

4. Location of incident

5. A detailed description of the loss and its circumstances (if necessary, please continue on an additional sheet)

6. Was the incident reported to: the police, carrier, administration, hotel, etc.?
(please specify names and addresses)

Yes

No

7. Type of damage

loss theft items missing from luggage delay destruction Estimated value of damage:

D. INFORMATION ON THE COSTS INCURRED

1. Please provide a list of lost and/or damaged items.
Please attach the receipts of purchase or repair (if any).

Item	Date of purchase	Price/Currency	Brand/Type	Receipt		Amount of claim
				existing	none	
1)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
2)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
3)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
4)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
5)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Total				Total		

2. Has compensation been paid from another source (e.g. from the carrier)?

Yes

No

3. If so, please specify the company name:

4. Please specify the amount of compensation paid:

amount

currency

5. If no compensation was paid, has a request for payment of compensation been submitted to another company? Yes No

6. If so, to which company? *Please specify the name and address.*

E. OTHER INSURANCE INFORMATION

Do you have any other luggage/sports equipment insurance? Yes No
If so, please specify the name of the insurance company and the policy number.

F. DECLARATIONS

I declare that I have received the information on the processing of personal data.

Date

Signature of the person making a claim (if other than the Insurance Holder)

If you need help with completing this form, please contact: phone +48 22 575 90 80 or e-mail axa-likwidacja.szkod@ipa.com.pl