REGISTERED BAGGAGE

Baggage delay, and loss of or damage to registered baggage



Claim Form

Mac users should open the claim form in Adobe Reader in order to get the full functionality.

Personal data of policyholder																											
First name(s)																								Se	X (M	/F)	
Family name(s)																											
Date of birth (day/month/year)												Poli	cy r	numl	per								- [
Address																											
City																Р	osta	ıl Co	de								
State																											
Country																											
Telephone																											
Mobile phone																											
Fax																											
E-mail																											
Information about the trip																											
Purpose of the tri	р 🔘	Lei	sure		\bigcirc	Bu	sine	ss	\bigcirc	Со	mbi	ned															
Nature of the trip																											
Travel destination																											
Date of arrival at o	destin	atio	n (da	ıy/m	onth/	/year	.)									Tim	ie of	arri	ival a	at d	estir	natio	n				
Date of arrival at destination (day/month/year) Time of arrival at destination Please attach a copy of the travel documentation including departure date from country of permanent residence																											
Please attach a co	py of	f the	trav	el c	docu	ıme	ntat	ion	inclu	udin	g de	par	ture	dat	e fro	om d	our			erm	ane	nt re	esid	ence	•		
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Claim Form

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Information regarding the damaged baggage														
How did the damage to the baggage occur?														
Property Irregularity Report (P.I.R.)														
Has the claim been reported to the airline, ferry/cruise operator, or land transporter? Yes No														
If yes, please enclose the original Property Irregularity Report (P.I.R.) or the carrier's statement confirming the incident It is requirement for cover that the original PIR-reporting is sent to us by ordinary mail														
If no, please state why:														
Amount reimbursed by the carrier Currency														
Other insurance														
Do you have another insurance with Bupa Insurance limited? () Yes () No														
If yes, please indicate policy number														
Do you have medical insurance cover with another insurance company or with a credit card provider? Yes No														
Name of insurance Company or credit card provider														
Address														
City Postal Code														
Country														
Policy number or credit card number														
Has the claim been reported under other cover? Yes No														
If no, please state why:														
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REGISTERED BAGGAGE

Baggage delay, and loss of or damage to registered baggage



Claim Form

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Payment met	hod																										
The amount sho	to:	\bigcirc	Ро	licył	nold	er	\bigcirc	Oth	er																		
Name																											
Address																	P	osta	l Co	de							
City																											
State																											
Country																											
Your choice	If no choice of reimbursement method has been made, Bupa Global Travel will send a cheque. Your choice of reimbursement method cannot be changed after the claim has been processed. The amount should be reimbursed in the following currency USD CHF BUR GBP																										
O Please trans																			,								
() Euroca							\bigcirc	Vis				\bigcirc	JCI	В													
	Name of credit card holder																										
Card no.	[<u> </u>	<u> </u>				
Expiry date	_ 							(m	onth	2/10																	
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Name of ba	ank [<u> </u>	<u> </u>	<u> </u>			
Address	l																										
BIC / S.W.I.F	F.T. C	ode	/ A	ВА	num	ber																					
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Please attach following documentation

- o Original Property Irregularity Report (P.I.R.)
- \circ Statement from the carrier indicating amount reimbursed due to loss of or damage to registered baggage

Please post this claim form along with the attached documentation to the address below