

# NON-MEDICAL OPTIONS

Theft/burglary/robbery/fire, Personal liability, Security and legal aid, Hospital daily benefit, Flight delay, Personal accident

Claims regarding Registered baggage please see other claim form

## 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)																			Sex (M/F)	
Family name(s)																				
Date of birth (day/month/year)				Policy number				-												
Address																				
City											Postal Code									
State																				
Country																				
Telephone																				
Mobile phone																				
Fax																				
E-mail																				

### Information about the trip

**Purpose of the trip**  Leisure  Business  Combined

Travel destination

Date of departure (day/month/year)  Scheduled date of return (day/month/year)

**Please enclose a copy of the travel documentation including departure date from country of permanent residence**

**Travel Period**

From (date/month/year)  To (date/month/year)

### Information regarding the claim

**The claim relates to**  Theft/burglary/robbery/fire  Personal liability  Security and legal aid  
 Hospital daily benefit  Flight delay  Personal accident

Where and when did the incident occur?

Place

Date (day/month/year)  Time

### Description of the course of the event

### Witnesses

Name and address of witnesses who can confirm the course of the event

Name																			
Address																			
Telephone																			

  

Name																			
Address																			
Telephone																			

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