**Notice of Claim**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Travelers‘ luggage** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | WTW-Client-No.: | | | | | | | | | | | |
|  | | | | | | | | | | Insurance Policy No.: | | | | | | | | | | | |
|  | | | | | | | | | | WTW-Claim No.: | | | | | | | | | | | |
| **Willis Towers Watson**  **Versicherungsmakler GmbH** | | | | | | | | | | Name/Stamp of the Policyholder: | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | Entitled to deduct tax (VAT)  no  yes,      % | | | | | | | | | | | |
| **General** | Date of claim: | |  | | Time: | | | | Location of claim (address): | | | | | | | | | | | | |
|  |  | |  | |  | | | |  | | | | | | | | | | | | |
| **Cause of Claim** | How did the claim/loss occur? (Please give an exact description). Attach extra pages if required. | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  | Witnesses?  no  yes, name/address: | | | | | | | | | | |  | | | | | | | | | |
|  | Who was advised of the claim? | | | | | | | | | | | | | | on: | | | Time: | | Crime Reference No.: | |
|  | Police department: | | |  | | | | | | | | | | |  | | |  | |  | |
|  | Airline: | | |  | | | | | | | | | | |  | | |  | |  | |
|  | Other: | | |  | | | | | | | | | | |  | | |  | |  | |
|  |  | | | | | | | | | |  | | | | | | | | | | |
| **Required Documents** | - Please prepare a list of all damaged and destroyed goods (see below). | | | | | | | | | | | | | | | | | | | | |
|  | - Please submit to us for all articles the original invoices and guarantee cards or, when damaged, the repair/cleaning invoice. | | | | | | | | | | | | | | | | | | | | |
|  | Claims on air travel: please attach the following documents | | | | | | | | | | | | | | | | | | | | |
|  | - flight ticket, luggage check,  - Property Irregularity Report (PIR),  - acknowledgment of the definite lost of the luggage (please ask the airline). | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | |
| **List of luggage**  **(extra pages if required)** | damaged or destroyed goods | | | | | | | cost price in € | | | | | | Date of purchase | | | From which company purchased | | | | Invoice is attached  yes no |
|  |  | | | | | | |  | | | | | |  | | |  | | | |  |
|  |  | | | | | | |  | | | | | |  | | |  | | | |  |
|  |  | | | | | | |  | | | | | |  | | |  | | | |  |
|  |  | | | | | | |  | | | | | |  | | |  | | | |  |
|  |  | | | | | | | | | |  | | | | | | | | | | |
| **Insured elsewhere** | Is the luggage insured elsewhere? | | | | | | | | | | | | | | | | | |  | | |
|  | no  yes, which insurer (name, Policy No.): | | | | | | | | | | | |  | | | | | | | | |
|  | Is the insurer informed?  no  yes | | | | | | | | | | | | | | | | | | | | |
|  | Is there a household insurance? | | | | | | | | | | | | | | | | | | | | |
|  | no  yes, which insurer (name, Policy No.): | | | | | | | | | | | |  | | | | | | | | |
|  | Is the insurer informed?  no  yes | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | |
| **Claim Amount** | Who should receive payment? (Account Holder) | | | | | | | | | | | EUR | | | | | | | | | |
|  | IBAN: |  | | | | | | | | | | | | BIC: | |  | | | | | |
|  | Bank Institution, Place: | | | | | | | | | |  | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | |
| Please answer all applicable questions. Strike outs or other marks are counted as no. | | | | | | | | | | | | | | | | | | | | | |
| All questions should be answered truthfully to best of your knowledge. Any intentionally false or not completely true information can lead to  a denial of coverage even if this has no effect on the insurer’s adjusting of the claim. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  |  | | | | | | |  |  | | | | | | |
| Place | | | | | | | Date | | | | | | | Signature | | | | | | | |