**Notice of Claim**

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| --- |
| **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 |