

Loss Notification Form Business Travel - Luggage

Policy number:	
Policy is in the name of:	
Name insured :	Mr. / Mrs. / Ms.
Address:	
Postal code and place of residence:	
Email address insured:	
Travel destination:	Market Ma
Reason for travel:	
Departure date from home/work:	
Planned date return journey:	
Loss date:	
Travel expenses were paid by:	
Compensation to be paid to:	
Bank account number:	
Ascription of the account:	
Name bank:	

Please enclose <u>a statement from your employer</u> that you were travelling at their expense and under their authority on the loss date?

We kindly request you to complete the following pages as accurately as possible and enclose the requested documents. You can send the Loss Notification Form and enclosures to your broker or to:

Saurwalt & Partners, Assurantiën Kon. Emmakade 171 2518 JN ,s-Gravenhage

	Vhat happened?							
	Please give a short and clear description of the loss and under which circumstances it occurred?							
•	In case of damage: if possible please enclose photograph Can the damage be repaired? □ Yes, estimate repair costs: EUR □ No, because							
*	In case of loss or theft: - Have your reported this to the police? □ Yes, please enclose proof of declaration □ No, because							
- Have you inquired at the lost and found department of the transport company/organizer/hotel/air Yes, date Result: Please enclose copies of correspondence								
	□ No, because							
•	Have your reported the loss with the carrier? Yes, the carrier has reported the loss. Please enclose a copy. Yes, but the carrier did not report the loss, because							
	No, I have not reported the loss with the carrier, because							
•	If the loss occurred at a hotel: Have your reported the loss with the hotel management? Output Description: Output Description							
	- Name hotel:							
	Addraes:							
	- Postal code, place of residence:							
•	Is your luggage insured elsewhere? (Insurance for house content, valuables, etc)							
	□ No □ Yes, with the following Insurance Company:							
	policy number:							
	I have / have not reported this loss at that insurance company.							

Signature

Do you have a	any prior luggage clai		Yes, in No	(year)
Please indicate	in the schedule below	w which items were d	amaged, lost or stole	ın.
 If you n 	till possess the originate of the control of the co	al purchase invoice(s original purchase invoi ase amount. Could yo	oice(s), please indica	ase enclose. ate below the original and brand if relevant?
- If possil employe - If you si - If you do	ave a repair estimate ble, we would like to r er) ill possess the origina	Please indicate you	our name, policy num lease enclose a con	also be sent by email to nber and name of your y of the original purchase d
	Please	complete the amoun	t in Euros	
Item	Purchase amount	Purchase date	Purchased at	Repair costs
				Desilional Desilional and the second
Remarks:			de la constantina de	
Hereby the unde accordance with	rsigned states that the	ne above was complet o/she has not withheld	ted to the best of his/	her knowledge and in
Name:	000000000000000000000000000000000000000			
Date, Place of re	sidence			

This form consists of 3 pages (excluding enclosures)