

# Claim notification form

## Travel Insurance for Cancellation Costs and Luggage

This form must be completed by the insured person or his or her legal representative. All relevant questions must be answered in full, and the signed form must then be returned promptly to the address at the end of the document. If you have any questions, please contact the Contact Center: 0844 277 772. Thank you.

Client number/Application number

### 1 Claim

Cancellation costs

Luggage

### 2 General information

#### 2.1 Insured person

First name

Surname

Date of birth

Street, number

Postcode/town

#### 2.2 Contact

Private phone

Cell phone

Business phone

What is the best time to contact you?

Where?

Private

Cell

Business

Email

#### 2.3 1st travel participant

First name

Surname

Date of birth

Street, number

Postcode/town

Traveller's insurance

Name of insurance company

Policy no.

#### 2.4 2nd travel participant

First name

Surname

Date of birth

Street, number

Postcode/town

Traveller's insurance

Name of insurance company

Policy no.

Please list additional travellers on a separate sheet.

## 2.5 Stay

### Duration and reason for stay

Date

from  to

## 2.6 Date of booking

## 3 Cancellation costs

### 3.1 Reason for cancellation

#### Why was the trip cancelled?

Illness    Accident    Death    Other (please describe)

Detailed description of why the trip has been cancelled

Date

Time

Location

Country

#### Documents to be provided

- Booking invoice with general terms and conditions
- Breakdown of cancellation costs
- Original medical certificate with diagnosis, beginning and duration of the inability to travel
- As a result of death: announcement of death or death certificate

## 4 Luggage

### 4.1 Type of claim

Theft    Damage    Loss    Other (please describe)

Date  Time

Location  Country

### Cause of damage/course of events

### 4.2 Did the police file a report?

No    Yes – which police station

If not, why not?

### 4.3 1st witness

First name  Surname  Phone

Street, number  Postcode/town

Please list additional witnesses on a separate sheet of paper.

### 4.4 Where were the items at the time of the event?

If on the aircraft or at the airport: was the airline notified?    Yes    No

Have you received any compensation from the airline?    Yes    No

If you have, enclose the statement from the airline

**4.5 Items**  
**Damaged or stolen items (please include original purchase receipts)**

Item (make, model)	Date/place of purchase	Price paid	Current price

As per separate list

**4.6 Does the household contents insurance include supplementary insurance for «petty larceny away from home»?**

Yes  No

If so, what is the insured capital sum?

CHF

With which insurance company?

Name of insurance company

Policy no.

Has the event been reported to them?

Yes  No

**5 Additional information (please answer each question completely)**

**5.1 Additional insurance coverage for this risk?**

	Insurance company	Policy no.
<input type="checkbox"/> Motor vehicle insurance (personal effects)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Legal protection insurance	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Luggage	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Cancellation costs	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Household contents	<input type="text"/>	<input type="text"/>

**6 Payment to**

**6.1 Name and address of the beneficiary**

First name

Surname

Street, number

Postcode/town

**6.2 Account details of the beneficiary**

IBAN

Name of financial institution

# Remarks

The undersigned person hereby confirms that he or she has answered all questions on all pages truthfully and in full.

By signing the claim notification, the applicant authorises CSS Insurance to share information and obtain such at any time from doctors, other service providers, social and private insurers and authorities, and their company doctors and medical advisors to the extent necessary to assess the insurance cover, while respecting statutory provisions on data protection. In such cases, the applicant releases all agencies and parties from which information is requested from the obligation to maintain professional secrecy or patient confidentiality with respect to CSS Insurance.

The undersigned person has the right to request information about his or her data that is being processed. Consent to the processing of data may be revoked at any time.

Legal entity for basic insurance (KVG): CSS Kranken-Versicherung AG, legal entity for supplementary insurance (VVG): CSS Versicherung AG

Place

Date

Signature of insured person or his or her legal representative

Please return to:  
CSS Versicherung  
Special Insurance Competence Center  
P. O. Box 2568  
6002 Lucerne