

B. TRAVEL INFORMATION

1. Country where the event occurred

2. Beginning of travel

departure date time

3. End of travel

departure date time

C. INFORMATION ON THE LOSS OR DAMAGE

1. The loss or damage relates to: luggage sports equipment
Please specify.

2. When did the event take place?

between the hours of and

3. When was the event/loss ascertained?

at time

4. Place of the event:

5. Detailed description of the loss or damage and the circumstances of its occurrence
(please continue on a separate sheet, if the space below is not sufficient)

6. Were the police, the carrier, the administration, the hotel, etc. notified of the event?
(Please state names and addresses)

yes no

7. Type of loss or damage

loss theft items missing from luggage delay damage Estimated value of loss:

D. INFORMATION ON THE COSTS INCURRED

1. Please provide a list of the objects lost and/or damaged.
Please attach the receipts of purchase or repairs (if any).

Object	Date of purchase	Price/Currency	Brand/Type	Receipt		Amount being claimed
				yes	no	
1)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
2)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
3)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
4)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
5)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Total				Total		

2. Was any indemnity paid out from another source (for instance, the carrier)?

yes no

3. If so, please state the name of the firm:

4. Please state the amount of the indemnity paid:
amount currency

5. If no indemnity has been paid, was any indemnity claim filed with any other firm? yes no

6. If so, to which one? Please state the name and address.

E. INFORMATION ON OTHER INSURANCES

Do you have any other insurance of luggage/sports equipment? yes no
If so, please state the name of the insurance company and the policy number.

F. DECLARATIONS

I acknowledge that my personal data will be processed by AXA TUIR S.A. with its registered office in Warsaw, for the purpose of settling the loss being claimed.

I hereby confirm that the information given above is true and I am aware that certifying an untruth or giving false information may result in my being held criminally liable and may result in a refusal to pay indemnity.

Date

Signature of the Insured or attorney-in-fact

Date

Signature of the person reporting the loss

We wish to inform you that providing your personal data is voluntary but necessary for the insurance contract to be implemented and the claim to be examined (the sole purpose – data processing). The data administrator is AXA Towarzystwo Ubezpieczeń i Reasekuracji S.A. with its registered office in Warsaw, 00-867, ul. Chłodna 51. The data subject is authorised to inspect and amend his/her personal data and to lodge a written and substantiated demand that his/her personal data no longer be processed in light of his/her special situation, and to object to the processing of his/her personal data.

If you need help in filling in this form, please call +48 22 575 90 80 or write to axa-likwidacja.szkode@ipa.com.pl.