

Luggage Claim Form

TRAVEL INSURANCE

Thank you for notifying us of your claim.
 Please complete **all** questions - if any question is not applicable please mark "N/A".
 Please ensure that you sign the declaration on this claim form.

Name of Policyholder:	The University of Ghent
Faculty/Project: Contact Person:	
Policy No:	GBC9614

Full Name of Insured Person: (Mr, Mrs, Miss, Ms)	
Date of Birth:	
Full Address:	
Postcode:	
City:	
Tel No. :	E-mailaddress:

LOSS/DAMAGE DETAILS				
Please give the exact date and place when loss or damage occurred:	Date: Time:		Hrs	Place:
Please state fully: (a) Where loss/damage occurred:				
(b) How it occurred: Please give detailed circumstances.				
(c) Name and address of any witness(es) and/or authorities having made statements. Join the original report and mention report N°				
For registered luggage only				
Delivery date				
Flight or trajet	From		To	
Transport Company: Please enclose the original baggage tags or receipts, as well as the DBR/PIR certificates				
Did you already obtain a compensation from the transport company	YES/NO	If YES, please give the amount		
General information				
Have you previously claimed under this policy?	YES/NO			
If YES, please give details:				
Is your luggage already covered by another insurance ?	YES/NO			
If YES, please give name, address of the company concerned and the relevant policy/reference number:				
Has claim been advanced against others (hotel, third party ...) ?	YES/NO If so against whom and with what result ?			

BANK DETAILS

When the claim has been approved the payment will be credited direct to your Bank Account. Please complete the following:

Name and address of your Bank:

IBAN:

SWIFT:

DECLARATION

I declare that all the information given is to the best of my knowledge and belief, full, true and correct.

Signed:

Date:

Failure to fully complete the form will result in a delay in handling your claim

Please return the completed claim form together with any enclosures to:

MAPFRE ASISTENCIA
 Trierstraat 45/01
 1040 Brussels
 Phone: 02/895 56 80
 E-mail: UGent@mapfreassistance.be