

Claim Advice Cancellation Costs Insurance

Policy no	553048	Claim no		(filled out through Allianz)
1a. Insured's personal details				
Last name:			First name:	
Street/no.:			Zipcode/Town:	
Profession:			Date of birth:	
Telefon home:	Telefon work:	e-mail:		
1b. Bank or postal check account (if available, please enclose deposit slip)				
Recipient of services:	<input type="checkbox"/> UBS-Credit card holder	<input type="checkbox"/> Travel agency		
Account no.:			Clearing no.:	
Bank name:			Zipcode/Town:	
Account holder (name, address):				
Postal check account no.:				
Have you paid by UBS credit card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
UBS credit card no.:			expiry:	/
1c. Specification additional insurance coverage				
Do you have cancellation costs insurance with another company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, which one?	policy no.			

2. Reason for cancellation				
Why was the trip cancelled?	Illness <input type="checkbox"/>	Accident <input type="checkbox"/>	Death <input type="checkbox"/>	Pregnancy <input type="checkbox"/>
Other events, <input type="checkbox"/>	what kind of?			
Who was affected?				
Is that person related to the travelers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, how?				

3. Details of the planned trip (your travel agency will help you complete this section)

Travel Company/tour Operator/landlord:

Travel agency/booking office:

Destination:

Duration of trip: from _____ to _____

Definitive booking date:

Date insurance taken out:

Cancellation date:

How many days before start of trip:

Please list all the travelers who cancelled their booking:

1 First name/last name _____ Relationship _____

2 First name/last name _____ Relationship _____

3 First name/last name _____ Relationship _____

4 First name/last name _____ Relationship _____

Arrangement price _____ per person x number of persons = Total

Arrangement price _____ per person = % x number of persons = Total

4. Declaration

I confirm that this information is truthful and has been completed in full. I accept that I may lose any claims to insurance benefits if the information I give is untruthful, incomplete or inconsistent, even if no disadvantage arises from this for the insurer. I also accept that ELVIA will check the information upon which my claim is based to assess its obligation to pay benefits. I therefore release any doctors or auxiliary persons who may be named in the documents I submit, or who were involved in the treatment, from their duty to remain silent beyond the time of my death. However, this release from the duty to remain silent only applies to previous treatment if this information is required for checking the obligation to pay benefits.

Place, date

Insured's signature (in the case of minors their legal representative)

In order to process your claim we need the following documents:

- | | |
|--|---|
| <input type="checkbox"/> Copy of insurance policy | <input type="checkbox"/> Tour operator's contractual conditions |
| <input type="checkbox"/> Invoice for booked travel arrangement in original | <input type="checkbox"/> UBS-credit card invoice or provement of UBS-credit card use for trip |
| <input type="checkbox"/> Cancellation costs account | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Medical certificate with diagnosis | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Death certificate | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Travel agency's contractual conditions | |

For Allianz use only

Claim no. _____

Settlement date _____

Accepted

Not accepted

Fr. _____