

Allianz Insurance Lanka Limited

No. 92, Glennie Street, Colombo 02

Tel: 2300400 Fax: 2304404

E-mail: travel@allianz.lk

Website: www.allianz.lk



CLAIM FORM FOR NON-MEDICAL CLAIMS

Policy No _____ Plan: _____

Name of the claiming: _____

Date -Trip commenced: _____ Trip Description: _____

Date of claim occurrence: _____

BAGGAGE PERSONAL EFFECT (INCLUDING BAGGAGE DELAY

1. Document Required:

- ⊣ Original policy
- ⊣ Airline Tickets
- ⊣ Receipt of lost baggage; if un available, supplies any other documentation which could assist in giving proof of value. E.g. Valuation, Sales literature etc.
- ⊣ Original of all written reports received from carrier, if verbal report only was made please specify.
- ⊣ Please supply of your correspondence with the airline.
- ⊣ If claim is for the delayed baggage, please supply letter from carrier confirming reason for delay and duration of the delay.

These documents must be supplied with the completed claim from at the claimant's expense; failure to do so will delay the processing of your claim and result in it being declined.

2. TO BE COMPLETED BY THE CLAIMANT OR THE CLAIMANT, S LEGAL PERSONAL REPRESENTATIVE

(a)Time, date and Place of loss/Delay : _____

(b)Full circumstances of loss/Delay : _____

(c)Loss/Delay occurred in the custody of an airline

-Date reported to carrier : _____

-Name and address of carrier : _____

(d)Name and position of any person in authority to whom the matter was reported:

(e)Details of the household contents or all risk or any other policy in force which this loss including, private policy travel Extension (THIS SECTION MUST NOT BE LEFT BLANK).

Name of the insured : _____

Card number : _____

Address : _____

Policy No. : _____

Tel. No. : _____

I declare that all particular contained in this form are true and complete to the best of my knowledge.

Signature

Date

Place