

# Travel Insurance Indemnity Application (Luggage loss)

(please complete in UPPER CASE)



<b>Insurance contract</b>	Policy number	Date of validation	Date of expiry	
<b>Policyholder</b>  (a person who has entered into a contract and pays insurance payments)	First name and surname / Company name		Personal identification code / Registry code	
	Mailing address (street, building, city, municipality, county, postal code)			
	Phone number	E-mail	Fax number	
<b>Insured person</b>	First name and surname		Personal identification code	
	Mailing address (street, building, city, municipality, county, postal code)			
	Phone number	E-mail	Occupation	
<b>Indemnity receiver</b>	First name and surname / Company name		Personal identification code / Registry code	
	Account number		Bank	
<b>Luggage loss</b>  Have You concluded a similar contract at another insurance company?  <input type="checkbox"/> no <input type="checkbox"/> yes, please specify  .....  .....	Starting date of trip	Ending date of trip	Type of trip <input type="checkbox"/> Vacation <input type="checkbox"/> Business trip	
	Route of trip			
	Description of luggage loss	Location of luggage loss		
		Country	Location	Date / Time
	<input type="checkbox"/> Delay			
	<input type="checkbox"/> I received delayed luggage			
	<input type="checkbox"/> Damages			
	<input type="checkbox"/> Luggage got lost			
	<input type="checkbox"/> Theft/robbery			
	Have you received any indemnity concerning luggage loss? <input type="checkbox"/> no <input type="checkbox"/> yes, from who and how much			
Where is the event registered? Please specify and add a certificate given by according authority.  <input type="checkbox"/> Airline company _____  <input type="checkbox"/> Police _____  <input type="checkbox"/> Other facility _____				

