

REGISTERED BAGGAGE

Baggage delay, and loss of or damage to registered baggage

Mac users should open the claim form in Adobe Reader in order to get the full functionality.

Personal data of policyholder

First name(s)																			Sex (M/F)	
Family name(s)																				
Date of birth (day/month/year)				Policy number				-												
Address																				
City											Postal Code									
State																				
Country																				
Telephone																				
Mobile phone																				
Fax																				
E-mail																				

Information about the trip

Purpose of the trip Leisure Business Combined

Nature of the trip Aeroplane Ship Bus Train Holiday Home Other

Travel destination

Date of arrival at destination (day/month/year) Time of arrival at destination

Please attach a copy of the travel documentation including departure date from country of permanent residence

Travel Period

From (date/month/year) **To** (date/month/year)

Information regarding the claim

The claim relates to baggage Delay Loss Damage during transportation by the carrier

List of items

In case of delay, please list the necessary purchases. In case of loss/damage, please list the lost/damaged items	Date of purchase (month/year)	Currency	Price of purchase	Claimed amount

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Payment method

The amount should be reimbursed to: Policyholder Other

Name

Address Postal Code

City

State

Country

*If no choice of reimbursement method has been made, ihi Bupa will send a cheque.
Your choice of reimbursement method cannot be changed after the claim has been processed.*

The amount should be reimbursed in the following currency USD CHF EUR GBP

Please transfer reimbursement to the following credit card

Eurocard / Mastercard Visa JCB

Name of credit card holder

Card no.

Expiry date (month/year)

Please transfer reimbursement to the following account

Name of bank

Address

BIC / S.W.I.F.T. Code / ABA number

IBAN

Account no.

Account holder

Please send a cheque to the following address if different from page 1

Payee

Address Postal Code

City

State

Country

Please attach following documentation

- Original Property Irregularity Report (P.I.R.)
- Statement from the carrier indicating amount reimbursed due to loss of or damage to registered baggage

Please post this claim form along with the attached documentation to the address below