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)																											
First name(s)																						Se	X (M	/F)			
Family name(s)																											
Date of birth (day/month/year)												Poli	cy n	iumb	oer [- [
Address																											
City	Postal Code																										
State																											
Country																											
Telephone																											
Mobile phone																											
Fax																											
E-mail																											
Information abou	t th	e tr	ip																								
Purpose of the trip																											
Nature of the trip	\bigcirc	Ae	ropla	ane		\bigcirc	Sh	ip	\bigcirc	Bu	S	\bigcirc	Tra	in	\bigcirc	Но	liday	/ Но	me		\bigcirc	Oth	ner				
Travel destination																											
Date of arrival at de	estina	atio	n (da	ıy/m	onth/	/year)									Tim	e of	arri	ival a	at d	estir	natio	on [
Please attach a cop	y of	the	trav	/el d	docu	ıme	ntat	ion	inclu	udin	g de	part	ture	dat	e fro	om d	our	itry	of p	erm	ane	nt re	esid	ence)		
Travel Period																											
From (date/month/yea	ar)										То	(date	e/mo	nth/y	/ear)												
Information regar	rdin	g th	ie c	lain	n																						
The claim relates to	bag	gag	je	\bigcirc	De	lay			\bigcirc	Lo	SS		\bigcirc	Dar	mag	ie di	uring	g tra	nspo	orta	tion	by	the	carri	er		
List of items																											
In case of delay, please In case of loss/damage			f puro n/yea	chase r)	<u> </u>		Cur	Currency Price of					chas	e	Cla	Claimed amount											
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REGISTERED BAGGAGE

Name of insurance Company or credit card

provider



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Information regarding the damaged baggage	
How did the damage to the baggage occur?	
Property Irregularity Report (P.I.R.)	
Has the claim been reported to the airline, ferry/cruise operator, or land transporter? Yes No	
If yes, please enclose the original Property Irregularity Report (P.I.R.) or the carrier's statement confirming the in It is requirement for cover that the original PIR-reporting is sent to us by ordinary mail	ncident
If no, please state why:	
Amount reimbursed by the carrier Currency	
Other insurance	
Do you have another insurance with Bupa Insurance limited? Yes No	
If yes, please indicate policy number	
Do you have medical insurance cover with another insurance company or with a credit card provider? Yes	O No

Address																						
City														P	osta	al Co	ode					
Country																						
Policy num	ber or	credi	t car	d nu	mber																	
Has the cla	im bee	en rep	orte	d und	der ot	her c	cove	r?	\bigcirc	Ye	S	\bigcirc	No									
If no, please	e state	why:																		 		

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REGISTERED BAGGAGE



Baggage delay, and loss of or damage to registered baggage

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Payment met	hod																											
The amount sh	ould b	e re	eim	bur	sed	to:	\bigcirc	Ро	licyl	nold	er	\bigcirc	Oth	er														
Name																												
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City																												
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Country		Ì					T																					=
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Euroca		\bigcirc	Vis	a			\bigcirc	JC	В																			
Name of credit card holder																												
Card no.																												
Expiry date	9	(month/year)																										
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Name of ba	ank																											
Address																												
BIC / S.W.I.	F.T. Co	de ,	/ A	BA ı	num	ber																						
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Payee		i					Т																					
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		<u> </u>					<u> </u>																					=
City																												

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Please attach following documentation

- o Original Property Irregularity Report (P.I.R.)
- o 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