

Claim form - Travel injury, reimbursement, and accident

When submitting a claim under your travel insurance, e.g. in connection with injury, reimbursement, accident or early termination of your trip, you are required to fill in the form below.

Name: _____

Address: _____

Postal code and town/city: _____

Telephone: _____

Email: _____

Your bank: _____

Account number: _____

Are you VAT registered?

Yes No

Please state the date and time of your departure and return journey

Date of departure: / 20

Date of return: / 20

Purpose of the journey

- Leisure
- Business
- Leisure & Business
- Other

Which types of credit cards do you have?

Some credit cards include travel insurance

Date on which damage occurred: / 20

Please give a detailed description of the incident

What type of injury has occurred?

Who has been injured?

Date of the first doctor's/dentist's consultation: / 20

Outlay in connection with the injury

Please provide a copy of any medical certificates, copies of all travel and accommodation documents as well as receipts for any additional expenditure

_____ date / 20 _____ Signature
Place