



TRAVEL INSURANCE

Luggage Claim Form

Thank you for notifying us of your claim.

Please complete **all** questions - if any question is not applicable please mark "N/A".

Please ensure that you sign the declaration on this claim form.

Name of Policyholder:	The University of Ghent
Policy No:	GBC9614 - Collective

Full Name of Insured Person: (Mr, Mrs, Miss, Ms)		Date of Birth:	
Full Contact Address:			
Postcode:		City:	
Tel No. :		E-mailaddress:	

LOSS/DAMAGE DETAILS			
Please give the exact date and place and time when loss or damage occurred:	Date: Time	Hrs	Place:
Please state fully: (a) Where loss/damage occurred:			
(b) How it occurred: Please give detailed circumstances.			
(c) Name and address of any witness(es) and/or authorities having made statements. Join the original report and mention report N°			

For registered luggage only				
Delivery date				
Flight or traject	From		To	
Transport Company: Please enclose the original baggage tags or receipts, as well as the DBR/PIR certificates				
Did you already obtain a compensation from the transport company	YES/NO	If YES, please give the amount:		
General information				
Have you previously claimed under this policy?	YES/NO			
If YES, please give details:				
Is your luggage already covered by another insurance?	YES/NO			
If YES, please give name, address of the company concerned and the relevant policy/reference number:				
Has claim been advanced against others (hotel, third party..)?	YES/NO If so against whom and with what result?			

For special items, such as laptops, cameras, camcorders, jewelry or other items mentioned as special or precious in the insurance conditions, please enclose the proof of purchase or receipt.

DE EUROPESE Tweekerkenstraat 14 1000 BRUSSEL
TEL 02/220.34.11 TELEFAX 02/218.77.62
(Onderneming toegelaten onder code 0420)

BANK DETAILS

When the claim has been approved the payment will be credited direct to your Bank Account. Please complete the following:

Name and address of your Bank:

Account n°:

IBAN:

SWIFT:

DECLARATION

I declare that all the information given is to the best of my knowledge and belief, full, true and correct.

Signed:

Date:

Failure to fully complete the form will result in a delay in handling your claim

Please return the completed claim form together with any enclosures to:

DE EUROPESE
Tweekerkenstraat 14
1000 Brussels
Phone: 02/220 34 11
E-mail: UGent@europese.be