

**Allianz Insurance Company Lanka Limited**

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**CLAIM FORM FOR NON-MEDICAL CLAIMS**

Policy No \_\_\_\_\_ Plan: \_\_\_\_\_

Name of the claiming: \_\_\_\_\_

Date -Trip commenced: \_\_\_\_\_ Trip Description: \_\_\_\_\_

Date of claim occurrence: \_\_\_\_\_

**BAGGAGE PERSONAL EFFECT (INCLUDING BAGGAGE DELAY**

**1. Document Required:**

- ↪ Original policy
- ↪ Airline Tickets
- ↪ Receipt of lost baggage; if un available, supply any other documentation which could assist in giving proof of value. E.g. Valuation, Sales literature etc.
- ↪ Original of all written reports received from carrier, if verbal report only was made please specify.
- ↪ Please supply of your correspondence with the airline.
- ↪ If claim is for the delayed baggage, please supply letter from carrier confirming reason for delay and duration of the delay.

These documents must be supplied with the completed claim from at the claimant's expense; failure to do so will delay the processing of your claim and result in it being declined.

**2. TO BE COMPLETED BY THE CLAIMANT OR THE CLAIMANT, S LEGAL PERSONAL REPRESENTATIVE**

(a)Time, date and Place of loss/Delay : \_\_\_\_\_

(b)Full circumstances of loss/Delay : \_\_\_\_\_

(c)Loss/Delay occurred in the custody of an airline \_\_\_\_\_

-Date reported to carrier : \_\_\_\_\_

-Name and address of carrier : \_\_\_\_\_

(d)Name and position of any person in authority to whom the matter was reported: \_\_\_\_\_

(e)Details of the household contents or all risk or any other policy in force which this loss including, private policy travel Extension (THIS SECTION MUST NOT BE LEFT BLANK).

Name of the insured : \_\_\_\_\_

Address : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Tel. No. : \_\_\_\_\_

I declare that all particular contained in this form are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place