STATEMENT OF CLAIM RELATED TO TRAVEL INSURANCE

Policy Nº :……Effective date:……..End Date :…….
Date of declaration of disaster **……**

I. GENRERAL INFORMATION

1. Name and Surname of the subscriber : ……
2. Place and date of birth: ……
3. N° of identity card: ……..……
4. Civil : Single □ married) □ Divorced □ widower □
5. Contact Person : ……..…
6. Postal Adress: ..……
7. E-mail adress: ……..……
8. Phone
   a) Mobile : ……
   b) Home landline: ……
   c) Office landline : …..……
9. AccountNumber and Bank : ..……
10. Profession : ……..……..…..

II. INFORMATION RELATING TO CLAIM

11. Declaring Person

Name and Surname :……..
Adress :……..……phone :…….
12. Date and time of the incident/ accident: ……..…
13. Place of incident/accident:……..
14. Witnesses of the incident
    a) ……..……
    b) ……..…
    c) ……
15. What/Who is responsible?……
16. What is his relationship with the policyholder?
17. Causes and circumstances of the incident :

……

……
……
……
……

18. Has there been any police statement? □Yes□ No

If so, by which police station?
……

All the above is so declared in good faith and in all sincerity.

Done at……, on ……

The Insured

NB: The prompt settlement of the claim will depend to a large extent upon your care while completing this form.