

Allianz Insurance Lanka Limited

Company No PB 5179

No. 675, Dr. Danister de Silva Mawatha, Colombo 09.

Tel: 011 2 303 300

Web site: www.allianz.lk E-mail: info@allianz.lk

CLAIM FORM FOR NON MEDICAL CLAIMS

Policy No : Plan:

Credit Card No : (If the claim falls under Credit Card Benefits)

Name of the Claimant :

Trip Commenced : Trip Description:

Date of Claim Occurrence : _____

1. DOCUMENT REQUIRED

2.1 Original Policy

2.2 Airline Ticket

2.3 Receipt of lost baggage: if unavailable, Supplies any other documentation which could assist in giving proof of value E.g. Valuation, Sales Literature, etc.

2.4 Original of all written reports received from carrier, if verbal report only was made please specify.

2.5 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 complete claim form 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

2.1 Time, Date and Place of loss / delay :

2.2 Full circumstances of loss/delay :

2.3 Loss/delay occurred in the custody of an Airline:

-Date reported to carrier :

-Name and Address of Carrier :

-Name and position of any person in authority to whom the matter was reported:

2.4 Name and position of any person in authority to whom the matter was reported:

2.4 Please give details of policies which cover the same loss/damage.

- Name of the Insured :

- Policy No. : Email Address :

- Telephone/Mobile No : Residence No. :

- Postal Address :

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

Signature:

Date:

Place:

The furnishing of this form or it's acceptance by the Company, must not be construed as an admission of any liability on the company, nor a waiver of the conditions of the insurance contract.