



## Claim Form

### General Information

<b>Contact Information</b>			
Name of insured: _____	Social Security Number ____--____--_____		
Home telephone: (____) _____--_____	Date of birth: _____		
Work telephone: (____) _____--_____	E-mail address: _____		
<i>Home Address</i>		<i>Mailing Address, if different from Home Address</i>	
Street: _____	Street: _____		
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____		
Preferred method of contact:      Mail <input type="checkbox"/> E-mail <input type="checkbox"/>	Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/>		

<b>Plan Information</b>	<b>Trip Information</b>
Confirmation/Policy ID #: _____	Departure Date: _____
<b>or</b> Product ID #: _____	Return Date: _____
<b>or</b> Group #: _____	Original destination: _____
<b>or</b> Company ID #: _____	Travel agency name: _____
<b>or</b> Membership #: _____	Date of initial deposit/payment: _____
<b>Reference #:</b> _____	Agent's name: _____
	Agent's phone number: (____) _____ -- _____
	Agent's e-mail address: _____@_____

<b>Traveling Companions</b> (please indicate name and relationship to you)	
1. _____	3. _____
2. _____	4. _____

<b>Claim Information</b>	
Reason for filing this claim (short description) _____	Date incident occurred: ____ / ____ / _____
_____	Do you have other insurance that may cover this event?
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	If Yes, then please provide the name of the insurance company _____

E-mail to: [claimsinquiry@allianzassistance.com](mailto:claimsinquiry@allianzassistance.com)  
 Mail to: Allianz Global Assistance, P.O. BOX 72031, RICHMOND, VA 23255-2031  
 Call: 800-334-7525 Fax to: 804-673-1469. We are available 24 hours a day.  
 Insurance underwritten by BCS Insurance Company or Jefferson Insurance Company  
 Please refer to your policy or letter of confirmation to determine your underwriter  
 Plan administered by AGA Service Company



## Baggage or Sporting Equipment Loss / Damage / Delay

<b>Details of Loss</b>	
Please check the box that is relevant to what happened to your baggage:	
<input type="checkbox"/> Loss	<input type="checkbox"/> Theft
<input type="checkbox"/> Damage	<input type="checkbox"/> Delay
<input type="checkbox"/> Loss/Theft while handled by a common carrier	
Location where damage/loss/delay occurred: City: _____ Country: _____	
Please describe in detail what happened to your baggage (attach additional pages if needed):	
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	
Did you notify the appropriate local authorities?	<input type="checkbox"/> Yes Who? _____ Please attach a copy of the report. <input type="checkbox"/> No
<u>This coverage may be secondary to any coverage provided by a common carrier. Please supply a copy of their final claim determination.</u>	

<b>Claimed Articles</b>				
<u>Description of Article</u>	<u>Original Purchase Price</u>	<u>Purchase Date</u>	<u>Place of Purchase</u>	<u>Proof of Ownership Attached?*</u>
_____	\$ _____	_ / _ / _	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	_ / _ / _	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	_ / _ / _	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	_ / _ / _	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Amount of Loss</b>	<b>\$ _____</b>			
Less refunds	\$ _____			
<b>Total Claimed</b>	<b>\$ _____</b>			

\*Proof of Ownership: Original receipts or their duplicates, credit card/bank statements, cancelled checks, etc. Certain items require original receipts; please refer to your insuring agreement. We reserve the right to request additional information/documentation.

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 Call: 1-800-334-7525 Fax to: 804-673-1469. We are available 24 hours a day.  
 Insurance underwritten by BCS Insurance Company or Jefferson Insurance Company  
 Please refer to your policy or letter of confirmation to determine your underwriter  
 Plan administered by AGA Service Company

**PLEASE READ AND SIGN THIS FORM.  
FAILURE TO SIGN AND DATE MAY DELAY THE REVIEW OF YOUR CLAIM.**

**FRAUD WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person, who files a statement of claim containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to criminal prosecution, civil penalties and forfeiture of insurance benefits.

**ALASKA FRAUD WARNING:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

**CALIFORNIA FRAUD WARNING:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**PENNSYLVANIA FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**AUTHORIZATION**

I authorize any insurance company, travel organization, or any other person or entity to release information regarding this claim. I understand that this information will be used by AGA Service Company, claim administrator, or its authorized representatives for the purpose of evaluating and determining coverage for this claim.

By signing this claim form, I certify that all information given above is true and complete to the best of my knowledge.

**By signing this form, I/we assign to the insurer all of my/our rights, title and interest in and to any sums owed to me/us by any entity, including any applicable bonds that may apply, for which I/we receive compensation from the insurer based on this claim. I/we agree to cooperate with the insurer and AGA Service Company, including providing or executing any necessary documentation, to assist the insurer and AGA Service Company in their efforts to collect any such sums.**

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

The status of your claim can be easily viewed at [www.allianztravelinsurance.com](http://www.allianztravelinsurance.com) by clicking on the "Claim Status" link.

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