Global Assistance

Allianz

Claim Form

General Information

Contact Information

Name of insured: _____

Social Security Number _____--_____--_____

Home telephone: (____) _____--_____

Date of birth:_____

Work telephone: (____) _____--_____

E-mail address: _____

Home Address

Street:_____

City:_____ State:____ Zip:_____

Mailing Address, if different from Home Address

Street:_____

City:_____ State:_____ Zip:_____

Preferred method of contact: Mail ☐ E-mail ☐ Home Phone ☐ Work Phone ☐

Plan Information

Confirmation/Policy ID #: _____

or Product ID #: _____

or Group #:_____

or Company ID #: _____

or Membership #:_____

Reference #: _____

Trip Information

Departure Date: _____

Return Date: _____

Original destination: _____

Travel agency name: _____

Date of initial deposit/payment:

Agent's name: _____

Agent's phone number: (_____) _____ -- _____

Agent's e-mail address: _____@_____

Traveling Companions *(please indicate name and relationship to you)*

1. _____

2. _____

3. _____

4. _____

Claim Information

Reason for filing this claim (short description) _____

_____

_____

_____

Date incident occurred: ____ / ____ / _____

Do you have other insurance that may cover this event?

Yes ☐ No ☐

If Yes, then please provide the name of the insurance company _____

E-mail to: 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

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Vehicle Return

Reason for claim: ☐ Sickness / Injury ☐ Vehicle theft Date __ / ___ / ____

Transport expenses paid: $_____

Amount you are claiming with Allianz Global Assistance: $_____

Please briefly describe what happened:

_____

_____

Name of transport company: _____

Phone #: (_____) _____ - _____

Name of insurance company: _____

Policy #: _____

Phone #: (_____) _____ - _____

Please provide all supporting documentation:

- original bill for transport expenses
- copy of the vehicle registration or title

If filing because of vehicle theft, please also provide:

- reports filed with police and/or local authorities
- primary insurer declaration page

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.

Signature: _____ Date Signed: ____/____/_____

Print Name: _____

E-mail to: claimsinquiry@allianzassistance.com
Mail to: Allianz Global Assistance, P.O. Box 72031, RICHMOND, VA 23255-2031
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

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