

**Claim report form**

Insured	Name	
	Surname	
	Phone	
	E-mail	
	Street	
	Town	
	ZIP	
	Date of birth	
Insurance policy number		

Insurance period	from	to
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Insurance cover	Insurance type	Please, check the type of insurance	Paid by customer (YES / NO)
	Medical expenses		
	Travel cancellation		
	Luggage insurance		
	Golf insurance		
	Delayed departure		
	Missed departure		
	Personal Liability		
	Loss of Personal financial means		
	Loss of travel passport		
	Injury insurance		
	Other		

Claim description	Date	
	Place	
	Detailed description	
	Documents of purchase (bills, invoices) -	

AWP P& Czech Republic

	subject, amount, place and date of purchase	
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Other insurance	Have you any other insurance, which would cover this claim?	YES / NO
	If YES, please, give:	Name of Insurance company
		Insurance policy number
	Have you reported the claim to the insurance company mentioned above?	YES / NO

Payment information (insurance benefit will be paid to the bank account or to the address of permanent stay)	Bank name	
	Address	
	ZIP, Town	
	Account number	
	IBAN	
	SWIFT	

Claim reported by		Reporting date	
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