

Global Assistance



## Claim Form

### General Information

#### Contact Information

Name of insured: \_\_\_\_\_ Social Security Number \_\_\_\_--\_\_\_\_--\_\_\_\_  
Home telephone: (\_\_\_\_) \_\_\_\_\_--\_\_\_\_ Date of birth: \_\_\_\_\_  
Work telephone: (\_\_\_\_) \_\_\_\_\_--\_\_\_\_ E-mail address: \_\_\_\_\_  
*Home Address* *Mailing Address, if different from Home Address*  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ 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. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 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](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

## Trip Cancellation / Trip Interruption / Travel Delay / Missed Connection

### Details of Loss

Please describe in detail all circumstances that caused your cancellation, interruption, or delay (attach additional pages if needed):

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Did you contact your travel agent or travel supplier when you cancelled or interrupted this trip?

Yes Date \_\_\_\_\_

No

Was the reason for the trip cancellation, interruption, or delay of a **medical** or **non-medical** nature?

Medical

Non-Medical

- Please complete this entire form.
- Attach the enclosed Physician Statement Form completed by an appropriate physician.
- If your cancellation, interruption, or delay was due to someone's death, please attach a copy of the death certificate.

Please skip to the **Claimed Expenses** section below.

### Details of Medical Condition

Name of patient: \_\_\_\_\_ Relationship to named insured: \_\_\_\_\_

Nature of medical condition: \_\_\_\_\_ Date condition first began: \_\_\_\_\_

\_\_\_\_\_ Date of first treatment: \_\_\_\_\_

Were you treated for this condition prior to the purchase of this insurance?  Yes  No

If this is an accident resulting in injury, was an accident report completed?  Yes  No

(Please enclose a copy)

Please list doctors consulted for this condition.

Name	Address	Phone	Last seen on
1. _____	_____	( ) ___ - _____	___/___/___
2. _____	_____	( ) ___ - _____	___/___/___
3. _____	_____	( ) ___ - _____	___/___/___

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Please refer to your policy or letter of confirmation to determine your underwriter

Plan administered by AGA Service Company

<b>Claimed Expenses</b>		
<u>Category</u>	<u>Amount</u>	<u>Required Supporting Documentation*</u>
Airfare	\$ _____	E-ticket receipt <u>or</u> original paper airline tickets
Lodging	\$ _____	Documents confirming your reservation/payment/partial payment
Tour(s)	\$ _____	Copy of the invoice
<i>Other (list below)</i>		
_____	\$ _____	
_____	\$ _____	Please provide sufficient supporting documentation, such as credit card statements, copies of cancelled checks, receipts, etc.
_____	\$ _____	
<b>Total Expenses</b>	\$ _____	
Less refunds	\$ _____	<i>Examples: account credits, cash refunds, trip or meal vouchers, etc.</i>
<b>Total Claimed</b>	\$ _____	

\* We reserve the right to request additional information/documentation as needed to process the claim.

**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 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, a company of Allianz Global Assistance, claim administrator, or its authorized representatives for the purpose of evaluating and determining coverage for this claim.

**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 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.**

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: \_\_\_\_\_

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