

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
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



Lost Ticket / Trip Inconvenience

Lost Ticket Coverage	Trip Inconvenience Benefit
<p>Was your ticket <input type="checkbox"/> Lost? <input type="checkbox"/> Stolen?</p> <p>Please briefly describe what happened:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Amount claimed: \$ _____</p> <p>Please provide all supporting documentation, such as reports filed with local authorities and/or police, receipts, cancelled checks, credit card statements, etc.</p>	<p>Nature of incident (please check one):</p> <p><input type="checkbox"/> You were assaulted <input type="checkbox"/> Traffic accident</p> <p><input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Ski trail closure</p> <p><input type="checkbox"/> Sporting equipment delayed <input type="checkbox"/> Passport/visa stolen</p> <p><input type="checkbox"/> Too sick/injured to participate in activity</p> <p>Please briefly describe what happened:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please provide documentation, such as a police report, hospital bill, common carrier report, or other as proof of your inconvenience.</p>

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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 by clicking on the "Claim Status" link.

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