



Allianz Insurance Lanka Ltd.

Company No: PB 5179
Levels 25-27, One Galle Face Tower, No. 1A, Centre Road, Galle Face, Colombo 02.
Tel : 0112 303 300 | Fax : 0112 309 999 | Website: www.allianz.lk | E-mail: info@allianz.lk

CLAIM FORM FOR NON MEDICAL CLAIMS

Policy No : Plan:

Credit Card No : (If the claim falls under Credit Card Benefits)

Name of the Claimant :

Trip Commenced : Trip Description:

Date of Claim Occurrence :

1. DOCUMENT REQUIRED

- 2.1 Original Policy
 - 2.2 Airline Ticket
 - 2.3 Receipt of lost baggage: if unavailable,Supplies anyother documentation which could assist in giving proof value E.g. Valuation, Sales Literature, etc.
 - 2.4 Original of all written reports received from carrier, if verbal report only was made please specify.
 - 2.5 If claim is for the delayed baggage, please supply letter from carrier confirming reason for delay and duration of the delay.
- These documents must be supplied with the complete claim form at the claimant’s expense, failure to do so will delay the processing of your claim and result in it being declined.

2. TO BE COMPLETED BY THE CLAIMANT OR THE CLAIMANT’S , LEGAL PERSONAL REPRESENTIVE

- 2.1 Time, Date and Place of loss / delay :
- 2.2 Full circumstances of loss/delay :
- 2.3 Loss/delay occurred in the custody of an Airline:
 - Date reported to carrier :
 - Name and Address of Carrier :
 - Name and position of any person in authority to whom the matter was reported:.....
- 2.4 Name and position of any person in authority to whom the matter was reported:
- 2.4 Please give details of policies which cover the same loss/damage.
 - Name of the Insured :
 - Policy No. : Email Address :
 - Telephone/Mobile No:..... Residence No. :
 - Postal Address :

