CLAIM NUMBER:											
(boxes' compilation by ERGO Assicurazione Viaggi)											



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Claimant	Surnan	ne																										Sede Secondaria e Rappresentanza Generale per l'Italia
Claimant	Name																											Via G. Washington, 70
Telephor	ne numb	er			H	1												Ì	l									I-20146 Milano
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eMail Ad	dress																											Fax 02 7641 6862
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INSURA																												E-Mail claims@ergoassicurazioneviaggi.it
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POLICY	/ RFI Δ ⁻	TED I	ΝΔΤΔ	,																								ergoassicurazioneviaggi@legalmail.it
POLICY RELATED DATA ID ORDER NUMBER (e.g. for TicketOne) and/or POLICY NUMBER (e.g. for Geticket)											Internet www. ergoassicurazioneviaggi.it																	
ID ORDEI	R NUMBE	R (e.g	j. for Ti	cketC	One) a	and/	or F	POLI	CY N	IUMI	BER	(e.g	. for	Geti	icket	()		I	1		T	T	1		1	T		www.ergoussieuruzioneviaggiiit
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INSUR	ED PAR	RTY D	ATA																									Capitale Sociale: € 26,53 Mln
Surname																												Albo delle Imprese di Assicurazione e
Jumama						1	<u> </u>	1) 		l		l	l	l	l		1	1	<u> </u>					1	<u> </u>	1	Riassicurazione istituito presso l'IVASS n. I.00071.
Name																												
A al al																												Società abilitata all'esercizio della attività assicurativa in Italia in regime di stabilimento ai
Address L						1	l		1		<u> </u>			<u> </u> 	<u> </u> 	<u> </u>									 	1	sensi dell'art. 23 del D.Lgs 7/9/2005 n. 209	
														<u> </u>	<u> </u>			_	Po	st C	ode	1			<u> </u>	<u> </u>		(comunicazione IVASS in data 27/9/2007, n. 5832).
Residenc	e																											Member of ETI Group
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EVENT RELATED DATA								
EVENT TICKET PROVIDER (enter TicketOne, or the name of the Par	rtner, Agency, web site, etc.)							
TICKET PURCHASE DATE POL	ICY PURCHASE DATE EVENT DATE							
NUMBER OF TICKETS SIN	NGLE TICKET PRICE TOTAL TICKET COST							
EVENT NAME								
EVENT LOCATION								
CLAIM RELATED DATA								
INCIDENT DATE								
BRIEF DESCRIPTION OF THE EVENT (cause, ever	nts, symptoms, dates, etc)							
DOCUMENTS TO ENCLOSE								
 ERV policy certificate (if available) Original tickets (if not collected at event Confirmation of tickets booked or purch Medical certificatesi f cancellation is due Death certificate if cancellation is due to Documents relating to the reason for ca 	assed e to illness, or accident, or disability, etc. o the death of the insured or related persons							
ANY OTHER INSURANCE COVER								
Do you have any other insurance policies coveri	ring the event reported here?							
	YES NO							
INSURANCE COMPANY								
POLICY NUMBER								
Documents to enclose in the event of other insurance cov								
Insurance certificate of Company involved	Policy conditions of Company involved							
BANK DETAILS Name of account holder (parent/guardian if a minor)								
Bank name/City								
IBAN code								
BIC/SWIFT code								



WAIVER and collection of consent for the processing of personal data of the insured person (Regulation (EU) 2016/679) I, the undersigned _ ____, having taken note of the information on the processing of personal data already provided by ERGO Assicurazione Viaggi at the time of signing the insurance contract and in any case downloadable from the ERGO Assicurazione Viaggi website (https://www.ergoassicurazioneviaggi.it, contact section, privacy area), expressly authorize the Operation Center Inter Partner Assistance and ERGO Assicurazione Viaggi - ERGO Reiseversicherung AG - General Representation for Italy - to process my personal data, including particular data, freely provided by me and collected here, in compliance with EU regulation 2016/679 as well as national legislation and the provisions of the Privacy Guarantor currently in force, in particular those included in chapter "4.3.1 Processing of special categories of data" of the above mentioned Policy. With this waiver I also authorize the Operation Center and ERGO Assicurazione Viaggi to acquire any other information necessary for the management of the claim reported here, always in compliance with current regulations, even if concerning illnesses and / or disabilities caused by accident, both past and present, about me and through me. Aware that in case of refusal it will not be possible for the Operation Center and ERGO Assicurazione Viaggi to process my data belonging to particular categories, to the processing of the attached data. ☐ I AGREE ☐ I DON'T AGREE Date __/__/___ SIGNATURE ____ WAIVER and collection of consent for the processing of personal data of third parties [Regulation (EU) 2016/679]. Warning: Provide a release for each third party involved. I, the undersigned ___ _, having taken note of the information on processing of personal data downloadable from the ERGO Assicurazione Viaggi website (https://www.ergoassicurazioneviaggi.It, contact section, privacy area), I hereby authorize the Operation Center Inter Partner Assistance and ERGO Assicurazione Viaggi - ERGO Reiseversicherung AG - General Representation for Italy - to process my personal data, including particular data, freely provided by me and collected here by the complainant, in compliance with EU regulation 2016/679 as well as national legislation and the provisions of the Privacy Guarantor currently in force, in particular those included in chapter "4.3.1 Processing of special categories of data" of the above mentioned notice. With this waiver I also authorize the Operation Center and ERGO Assicurazione Viaggi to acquire any other information necessary for the management of the accident reported here, always in compliance with current regulations, even if concerning illnesses and / or disabilities caused by injury, both past and present, about me and through the complainant who, in turn, will refer to me. Aware that in case of refusal it will not be possible for the Operation Center and ERGO Assicurazione Viaggi to process my data belonging to particular categories, ☐ I AGREE ☐ I DON'T AGREE to the processing of the attached data. DATE __/__/___ SIGNATURE __ DECLARATION I the undersigned _ ___, hereby declare that the information provided is true and correct to the best of my knowledge and belief and I am aware that providing any false or misleading infromation could result in the loss of insurance cover. SIGNATURE _____ Date __/__/___



FORM OF SHIPMENT OF THE DOCUMENTATION LISTED ABOVE:

If you find yourself in possession of the original tickets, all documentation must be sent by registered letter with acknowledgement of receipt, within 5 calendar days from the event that caused the non-participation to the concert/show, to our offices located at the following address:

If, on the contrary, you were supposed to collect your tickets at the event venue, you will be able to send all the documentation (with the exception, of course, of the tickets), besides by registered letter with acknowledgement of receipt to the previously written address, also by PEC to the address below, always within 5 calendar days from the event that caused the non-participation to the concert/show.

ERGO Assicurazione Viaggi Ufficio Liquidazione danni Via G. Washington 70, 20146 Milano ergoassicurazioneviaggi@legalmall.i (riceives only from PEC addresses)

Reimbursement requests will be processed within 25 working days from the date of receipt