



CLAIM REPORT FORM

																						ERGO Reiseversicherung AG
	c																					Sede Legale
<u>COMPLETE IN CAPITAL LETTER</u>	2					-			-													Thomas-Dehler Straße 116
Claim Report Date						-			-													D-81737 München
				L		L			L													Sede Secondaria e Rappresentanza Generale
Claim ant Sumana																						per l'Italia
Claimant Surname																						Via G. Washington, 70
										1								1	Γ			I-20146 Milano
Claimant Name																						Call Center Sinistri
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Telephone number																						Fax 02 7641 6862
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eMail Address																						Ven. 9.30-12.30
INSURANCE COVER INVOL	VED ((on d	le bas	sis of	whic	ch a	refu	nd is	s rec	que	stec	d)										E-Mail claims@ergoassicurazioneviaggi.it
Trip cancellation (any reaso	n)																					Posta Certificata
Trip curtailment or early		rn (a	nv ro	ason)																		ergoassicurazioneviaggi@legalmail.it
Medical expenses and As						nt h	ocni	tolic	otion	n al	hook		~ m	odia		+	~)					Internet
Baggage and Purchase o						,	USPI	lans	alloi	II, CI	HECK	-up	3, 111	euic	11163	s, et	,					www.ergoassicurazioneviaggi.it
Travel Accidents (death or																						
Third Party Public Liability		iiity)																				Codice Fiscale, Partita IVA e iscrizione al Registro
Other damages	,																					delle Imprese di Milano n. 05856020960 - REA
																						1854153
																						Capitale Sociale: € 26,53 Mln
POLICY RELATED DATA																						
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POLICY NUMBER (or tariff code)																						Riassicurazione istituito presso l'IVASS
POLICY PURCHASE CHANNEL (enter	rname	of Tou	ur Oper	ator, A	gency	, web	site,	etc.)														n. l.00071.
	П									1	1							Τ	Γ			
																						Società abilitata all'esercizio della attività
INSURED PARTY DATA																						assicurativa in Italia in regime di stabilimento ai
Surname																						sensi dell'art. 23 del D.Lgs 7/9/2005 n. 209
Sumanie																						(comunicazione IVASS in data 27/9/2007, n. 5832).
Name																						Member of ETI Group
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Address																						
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Residence Prov.																						
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Birth Date			-																			
National Insurance No																						
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eMail address																1						



PERSONAL DATA OF INSURED PARTIES WITH SAME POLICY

	SURNAME	NAME	BIRTH DATE
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TRIP RELATED DATA

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	E OF TRIP/TRANSPORT Hotel/Resort												Ship Coach																																			
	Holiday Home Own Home												Coach Train																																			
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Tick if included

DOCUMENTS TO ENCLOSE IN THE EVENT OF CANCELLATION AND TRIP CURTAILMENT

1	ERGO Assicurazione Viaggi policy certificate
2	Documents relating to the trip/services booked
3	Invoice for cancelling trip/services booked indicating penalty applied
4	Invoice applying penalty resulting from trip curtailment
5	Medical certificates if cancellation is due to illness, injury, disability, etc.
6	Death certificate if cancellation is due to the insured's death or related persons
7	Documents relating to cause of cancellation if not due to illness

IN THE EVENT OF REFUND OF MEDICAL EXPENSES AND ASSISTANCE

	Tick if included
1	ERGO Assicurazione Viaggi policy certificate
2	Documents relating to the trip/services booked
3	Medical documents issued by the hospital
4	Invoice/receipts relating to expenses sustained
5	Payment receipts
6	Any third party refunds

IN THE EVENT OF BAGGAGE AND PURCHASE OF ESSENTIAL ITEMS

ERGO Assicurazione Viaggi policy certificate
Documents relating to the trip/services booked
Document reporting loss to the competent authorities
Original P.I.R. *
Lost baggage document
Baggage return receipt
Receipts for items stolen/lost
Receipts for essentisl items purchased

* Property Irregularity Report: lost or damaged baggage report issued by Airport Authorities

IN THE EVENT OF ACCIDENTS DURING THE TRIP (DEATH/DISABILITY)

	Tick if included
1	ERGO Assicurazione Viaggi policy certificate
2	Documents relating to the trip/services booked
3	Any reports issued by the police
4	Medical documents issued by the hospital/A&E
5	Invoices/receipts relating to expenses sustained

IN THE EVENT OF PUBLIC LIABILITY

	Tick if included
1	ERGO Assicurazione Viaggi policy certificate
2	Documents relating to the trip/services booked
3	Personal data of injured party
4	Any witness reports
5	Any documents relating to damage caused
6	Amount of damage caused
7	Police report

IN THE EVENT OF REFUND FOR OTHER EVENTS OR DAMAGE SUFFERED

		ea
1	ERGO Assicurazione Viaggi policy certificate	
2	Documents relating to the trip/services booked	
3	Any documents proving damage suffered and request for a refund	



LIST OF EXPENSES INCURRED AND RELATIVE RECEIPTS

Please enclose originals of all receipts, medical prescriptions, medical or hospital invoices or any other documents proving the costs sustained (in the event of partial refund from other insurance companies please enclose a copy of the relative notice)

LIST OF EXPENSES IN	ICUI	RREI	D																													
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POLICY NUMBER				Т	Г									Т		1				I	Т	Т		1		Т	Т	Т	Т	Т	Т	
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of Company														of Co	mpa	ny ir	nvolv	/ed				L										
BANK DETAILS																-																
Name of account holder (parent/guardian if a minor)																																
Bank name/City																																
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IBAN code																																
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BIC/SWIFT code																	L															



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
in any case downloadable from	n the ERGO Assicurazione V	D Assicurazione Viaggi at the time of signing the insurance contract and /iaggi website (https://www.ergoassicurazioneviaggi.it, contact section,
		er Inter Partner Assistance and ERGO Assicurazione Viaggi - ERGO
		to process my personal data, including particular data, freely provided tion 2016/679 as well as national legislation and the provisions of the
		cluded in chapter "4.3.1 Processing of special categories of data" of the
With this waiver I also authorize		ERGO Assicurazione Viaggi to acquire any other information necessary
/ or disabilities caused by accide		n compliance with current regulations, even if concerning illnesses and about me and through me.
		e Operation Center and ERGO Assicurazione Viaggi to process my data
belonging to particular categor	ies,	
	I DON'T AGREE	to the processing of the attached data.
Date// Signature		
WAIVER and collection of cons Provide a release for each third		personal data of third parties [Regulation (EU) 2016/679]. Warning:
-		, having taken note of the information on
	sonal data downloa	55
		, privacy area), I hereby authorize the Operation Center Inter Partner eversicherung AG - General Representation for Italy - to process my
		by me and collected here by the complainant, in compliance with EU
		the provisions of the Privacy Guarantor currently in force, in particular
		egories of data" of the above mentioned notice. With this waiver I also Viaggi to acquire any other information necessary for the management
		ch current regulations, even if concerning illnesses and / or disabilities
caused by injury, both past and	d present, about me and th	nrough the complainant who, in turn, will refer to me.
		e Operation Center and ERGO Assicurazione Viaggi to process my data
belonging to particular categor	ies,	
	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
	owledge and belief and I a	, hereby declare that the information provided is true am aware that providing any false or misleading infromation could result
in the loss of insurance cover.		
Date// Signature _		
		IA E-MAIL OR REGISTERED LETTER A/R:
ERGO Assicurazio	ne Viaggi - ERGO Reiseve	rsicherung AG - Rappresentanza Generale per l'Italia
	CLAI	MS DEPARTMENT
		on, 70 – 20146 Milano – Italia
		@ergoassicurazioneviaggi.it
	PEC certified post: erg	joassicurazioneviaggi@legalmail.it