

CLAIM NUMBER:

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(boxes' compilation by ERGO Assicurazione Viaggi)

CLAIM REPORT FORM – INABILITY TO ATTEND THE EVENT

COMPLETE IN CAPITAL LETTERS

Claim Report Date

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Claimant Surname

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Claimant Name

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Telephone number

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eMail Address

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ERGO Reiseversicherung AG
Sede Legale
Thomas-Dehler Straße 116
D-81737 München

Sede Secondaria e Rappresentanza Generale per l'Italia
Via G. Washington, 70
I-20146 Milano

Call Center Sinistri
Tel. 02 0062 0261 (op.2)
Fax 02 7641 6862
Lun.-Giov. 9.30-12.30 / 14.30-17.30
Ven. 9.30-12.30

E-Mail
claims@ergoassicurazioneviaggi.it
Posta Certificata
ergoassicurazioneviaggi@legalmail.it

Internet
www.ergoassicurazioneviaggi.it

INSURANCE COVER INVOLVED (on the basis on which the refund is requested)

Reimbursement of the ticket price owing to inability to attend the event

POLICY RELATED DATA

ID ORDER NUMBER (e.g. for TicketOne) and/or POLICY NUMBER (e.g. for Geticket)

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POLICY PURCHASE CHANNEL (name of the partner, sito web, etc. – e.g. TicketOne, Geticket)

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Codice Fiscale, Partita IVA e iscrizione al Registro delle Imprese di Milano n. 05856020960 - REA 1854153
Capitale Sociale: € 26,53 Mln

INSURED PARTY DATA

Surname

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Name

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Address

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Post Code

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Residence

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Birth Date

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National Insurance Nr.

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Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

eMail Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Albo delle Imprese di Assicurazione e Riassicurazione istituito presso l'IVASS n. I.00071.
Società abilitata all'esercizio della attività assicurativa in Italia in regime di stabilimento ai sensi dell'art. 23 del D.Lgs 7/9/2005 n. 209 (comunicazione IVASS in data 27/9/2007, n. 5832).
Member of ETI Group
European Travel Insurance Group

PERSONAL DATA OF INSURED PARTIES WITH THE SAME POLICY

	SURNAME	NAME	BIRTH DATE
1			
2			
3			
4			
5			
6			
7			

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,

I AGREE I DON'T AGREE to the processing of the attached data.

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 the 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 information could result in the loss of insurance cover.

DATE __/__/____ SIGNATURE _____

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@legalmail.it
(receives only from PEC addresses)

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