



CLAIM REPORT FORM - INABILITY TO ATTEND THE EVENT

COMPLETE IN CAPITAL LETTERS Sold legite Claim Report Date		ERGO Reiseversicherung AG							
Claim Report Date	COMPLETE IN CAPITAL LETTERS	Sede Legale							
Claimant Surname Claimant Name		Thomas-Dehler Straße 116							
Claimant Name	Claim Report Date	D-81737 München							
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	SURNAME	NAME	BIRTH DATE
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EVENT RELATED DATA

EVENT TICKET PROVIDER (er	nter Ticke	tOne, c	or the na	ame of th	e Partne	r, Agen	icy, web	site,	etc.)																
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BANK DETAILS																									
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WAIVER and collection of consent for the processing of personal data of the insured person (Regulation (EU) 2016/679).

in any case downloadable from privacy area), expressly author Reiseversicherung AG - General by me and collected here, in co Privacy Guarantor currently in for above mentioned Policy. With this waiver I also authorize for the management of the clain / or disabilities caused by accide	the ERGO Assicurazione Via rize the Operation Center Representation for Italy - to impliance with EU regulation orce, in particular those incl the Operation Center and E m reported here, always in int, both past and present,	
belonging to particular categorie		Operation Center and ERGO Assicurazione Viaggi to process my data
	I DON'T AGREE	to the processing of the attached data.
Date// Signature _		
WAIVER and collection of conse Provide a release for each third		personal data of third parties [Regulation (EU) 2016/679]. Warning:
(https://www.ergoassicurazione Assistance and ERGO Assicura personal data, including particu regulation 2016/679 as well as those included in chapter "4.3.1 authorize the Operation Center of the accident reported here, a caused by injury, both past and	viaggi.It, contact section, zione Viaggi - ERGO Reise ilar data, freely provided b national legislation and th Processing of special cate and ERGO Assicurazione Vi always in compliance with present, about me and thr will not be possible for the	, having taken note of the information on dable from the ERGO Assicurazione Viaggi website privacy area), I hereby authorize the Operation Center Inter Partner versicherung AG - General Representation for Italy - to process my by me and collected here by the complainant, in compliance with EU ne provisions of the Privacy Guarantor currently in force, in particular gories of data" of the above mentioned notice. With this waiver I also iaggi to acquire any other information necessary for the management in current regulations, even if concerning illnesses and / or disabilities ough the complainant who, in turn, will refer to me. Operation Center and ERGO Assicurazione Viaggi to process my data
	🗆 l don't agree	to the processing of the attached data.
Date// Signature _		
DECLARATION		
I the undersigned and correct to the best of my kno in the loss of insurance cover.	wledge and belief and I an	, hereby declare that the information provided is true n aware that providing any false or misleading infromation could result
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 Pola, 9 20124 Milano ergoassicurazioneviaggi@legalmall.it (riceives only from PEC addresses)

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