

DOCUMENTS TO ENCLOSE

IN THE EVENT OF CANCELLATION AND TRIP CURTAILMENT

Tick if included

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

IN THE EVENT OF REFUND OF MEDICAL EXPENSES AND ASSISTANCE

Tick if included

1	ERGO Assicurazione Viaggi policy certificate	<input type="checkbox"/>
2	Documents relating to the trip/services booked	<input type="checkbox"/>
3	Medical documents issued by the hospital	<input type="checkbox"/>
4	Invoice/receipts relating to expenses sustained	<input type="checkbox"/>
5	Payment receipts	<input type="checkbox"/>
6	Any third party refunds	<input type="checkbox"/>

IN THE EVENT OF BAGGAGE AND PURCHASE OF ESSENTIAL ITEMS

Tick if included

1	ERGO Assicurazione Viaggi policy certificate	<input type="checkbox"/>
2	Documents relating to the trip/services booked	<input type="checkbox"/>
3	Document reporting loss to the competent authorities	<input type="checkbox"/>
4	Original P.I.R. *	<input type="checkbox"/>
5	Lost baggage document	<input type="checkbox"/>
6	Baggage return receipt	<input type="checkbox"/>
7	Receipts for items stolen/lost	<input type="checkbox"/>
8	Receipts for essential items purchased	<input type="checkbox"/>

* 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	<input type="checkbox"/>
2	Documents relating to the trip/services booked	<input type="checkbox"/>
3	Any reports issued by the police	<input type="checkbox"/>
4	Medical documents issued by the hospital/A&E	<input type="checkbox"/>
5	Invoices/receipts relating to expenses sustained	<input type="checkbox"/>

IN THE EVENT OF PUBLIC LIABILITY

Tick if included

1	ERGO Assicurazione Viaggi policy certificate	<input type="checkbox"/>
2	Documents relating to the trip/services booked	<input type="checkbox"/>
3	Personal data of injured party	<input type="checkbox"/>
4	Any witness reports	<input type="checkbox"/>
5	Any documents relating to damage caused	<input type="checkbox"/>
6	Amount of damage caused	<input type="checkbox"/>
7	Police report	<input type="checkbox"/>

IN THE EVENT OF REFUND FOR OTHER EVENTS OR DAMAGE SUFFERED

Tick if included

1	ERGO Assicurazione Viaggi policy certificate	<input type="checkbox"/>
2	Documents relating to the trip/services booked	<input type="checkbox"/>
3	Any documents proving damage suffered and request for a refund	<input type="checkbox"/>

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 INCURRED

	TYPE OF RECEIPT (invoices, receipts, travel agreements, etc.)	ISSUE DATE	COST IN FOREIGN CURRENCY	EXCHANGE RATE APPLIED	COST IN EUROS	DIRCET PAYMENT	
						SI	NO
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Total requested amount (€): _____

ANY OTHER INSURANCE COVER

Do you have any other insurance policies covering the event reported here?

YES NO

INSURANCE COMPANY

POLICY NUMBER

Documents to enclose in the event of other insurance cover:

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,

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 _____

COMPLETE AND RETURN VIA E-MAIL OR REGISTERED LETTER A/R:

ERGO Assicurazione Viaggi - ERGO Reiseversicherung AG - Rappresentanza Generale per l'Italia

CLAIMS DEPARTMENT

Via Pola, 9 – 20124 Milano – Italia

e-mail: claims@ergoassicurazioneviaggi.it

PEC certified post: ergoassicurazioneviaggi@legalmail.it