



Business Travel Insurance – Luggage
MasterTravel

LOSS NOTIFICATION FORM

Insured information

Policy number :
Policy is in the name of :
Name of insured : ☐ Mr. / ☐ Mrs. / ☐ Ms.
Address :
Postal code and place of residence :
Email address :
Travel destination :
Reason for travel :
Departure date from home / work :
Planned date for return journey :
Loss date :
Travel expenses were paid by :
Compensation to be paid to :
Bank account number, IBAN :
Ascription of the account :
Name bank :
BIC (Bankcode) :

Please enclose a statement from your employer that you were travelling at their expense and under their authority on the loss date?

We kindly request you to complete the following pages as accurately as possible and enclose the requested documents. You can send the Loss Notification Form and enclosures to your broker or to:

Chubb Insurance Company of Europe SE
Attn. of Claims Department
P.O. Box 704
2130 AS Hoofddorp

By email: schade@chubb.com



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1. What happened?

Please give a short and clear description of the loss and under which circumstances it occurred?

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2. In case of damage: if possible please enclose photograph

Can the damage be repaired? ☐ Yes. Estimated repair costs: EUR.

☐ No, because

.....

.....

3. In case of loss or theft:

Have you reported this to the police? ☐ Yes. Please enclose proof of declaration

☐ No, because

.....

Have you inquired at the lost and found department of the transport company/organizer/hotel/airport?

☐ Yes. Date:

☐ Result:

Please enclose copies of the correspondence.

☐ No, because:

.....

4. If the loss occurred during travel by boat/train/bus or airplane:

Have you reported the loss with the carrier?

☐ Yes, the carrier has reported the loss. Please enclose a copy.

☐ Yes, but the carrier did not report the loss, because

.....

☐ No, I have not reported the loss with the carrier, because:

.....

5. If the loss occurred at a hotel:

Have you reported the loss with the hotel management?

☐ Yes, if possible enclose evidence.

☐ No, I have not reported the loss to the hotel, because:

.....

Name hotel:

Address:

Postal code, place of residence:



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6. Is your luggage insured elsewhere? (House content insurance, valuables, etc...)

☐ No

☐ Yes, with the following insurance company:

Policy number

I have / have not reported this loss at that insurance company.

7. Do you have any prior luggage claims?

☐ Yes in (year)

☐ No

Please indicate in the schedule below which items were damaged, lost or stolen.

In case of theft or loss:

- If you still possess the original purchase invoice(s) of the lost item, please enclose.
- If you no longer possess the original purchase invoice(s), please indicate below the original purchase date and the purchase amount. Could you also indicate type and brand if relevant?

In case of damage:

- If you have a repair estimate, please enclose.
- If possible, we would like to receive a photograph of the loss (this can also be sent by email to schade@chubb.com. Please indicate your name, policy number and name of your employer)
- If you still possess the original purchase invoice, please enclose a copy
- If you do not possess the purchase invoice, please give an indication of the original purchase date and purchase amount.

Please complete the amount in Euros				
Item	Purchase amount	Purchase date	Purchased at	Repair costs

Remarks:

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Hereby the undersigned states that the above was completed to the best of his/her knowledge and in accordance with the truth and that the/she has not withheld any relevant details.

Name:

Date, Place of residence:

Signature: