

Luggage Claim Notification

Kindly fill in and send to

O.F. Gollcher & Sons Ltd

Mailing/Office Address: 19 Zachary Street, Valletta VLT 1133

e-mail: claims@gollcher.com, tel: +356 25691500, fax: +356 21234195

attaching the following

- Copy of booking confirmation and insurance certificate
- Police report or receipt with reference number. In case of luggage delay: Original PIR-report.
- Original purchase receipts for all claimed items

Insured	Full Name : _____ Phone: _____ Address: _____ E-mail.: _____ Postal code/City: _____ Date of Birth: _____ Policy no.: _____ _____																														
Insurance period	From: ____/____/____ Until: ____/____/____																														
Incident	When did the incident occur? _____ Where did the incident occur? _____ The value of the loss: _____ _____ Description of the incident (If necessary, please enclose additional description or drawing.) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____																														
List of stolen/damaged/lost items	N.B. Please enclose original purchase receipts for all listed items. <table border="1"><thead><tr><th>Item</th><th>Purchase price</th><th>Currency</th><th>Date of purchase</th><th>Repair price</th><th>Currency</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Item	Purchase price	Currency	Date of purchase	Repair price	Currency																								
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Luggage Claim Notification cont'd.

<p>For burglary/theft</p>	<p>Witness: Name: _____</p> <p>Address: _____</p>
	<p>Have you reported the incident to the police or other authority? Yes:___ No:___</p> <p>Where did you report it? Police station/Authority: _____</p> <p>Address: _____</p> <p>When was the report recorded? Date: _____</p> <p>Reference number: _____ _____</p> <p>If not reported, why not? _____ _____</p>
<p>Incident on bus/train/airplane</p>	<p>Have you reported your loss directly to the transport company? Yes:___ No:___</p> <p>(N.B. If yes, please enclose confirmation from the company!)</p>
<p>Incident at a hotel</p>	<p>Hotel's name and address: _____ _____ _____</p> <p>Have you reported the loss to the management of the hotel? Yes:___ No:___</p> <p>(N.B. If yes, please enclose confirmation from the hotel!)</p>
<p>Other insurance</p>	<p>Do you have any other insurance, which may cover this expense?: Yes:___ No:___</p> <p>If yes, please state: Company: _____ _____</p> <p>Policy no.: _____ _____</p> <p>Have you filed a claim with the above mentioned company? Yes:___ No:___</p>

Signature

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. I/we also hereby agree to give O. F. Gollcher and Sons Ltd. consent to share information contained herein with other insurance companies and third parties in order to verify the information and statements made herein.

Signature

Date 2014