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 PIRreport.
- Original purchase receipts for all claimed items

Insured	Full Name :Phone:						
	Address: E-mail.:						
	Postal code/City: Date of Birth:						
	Policy no.:						
nsurance 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	N.B. Please enclose original purchase receipts for all listed items.						
stolen/ damaged/ ost items	Item	Purchase price	Currenc	Date of purchase	Repair price	Currenc	

Luggage Claim Notification cont'd.

For burglary/theft	Witness: Name:					
	Address:					
	Have you reported the incident to the police or other authority? Yes: No:					
	Where did you report it? Police station/Authority:					
	Address:					
	When was the report recorded? Date:					
	Reference number:					
	If not reported, why not?					
Incident on bus/train/airpla ne	Have you reported your loss directly to the transport company? Yes: No: (N.B. If yes, please enclose confirmation from the company!)					
Incident at a hotel	Hotel's name and address:					
	Have you reported the loss to the management of the hotel? Yes: No:					
	(N.B. If yes, please enclose confirmation from the hotel!)					
Other insurance	Do you have any other insurance, which may cover this expense?: Yes: No:					
	If yes, please state:					
	Company:					
	Policy no.:					
	Have you filed a claim with the above mentioned company? Yes: No:					
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 — <u>20</u> Date					