Claim notification form

Travel Insurance
for Cancellation Costs and Luggage

As the insured person or their legal representative, please complete the form in full and send it to the address given on the last page. Only then can we verify your entitlement to benefits.
Any questions? Our Customer Service Centre will be happy to help on 0844 277 772. Thank you.

Alternatively, you can notify us online at **css.ch/travel**

Client number / Application number

1 Claim

☐ Cancellation costs ☐ Luggage

2 General information

2.1 Insured person

First name | Surname | Date of birth

Street, number | Postcode / town

2.2 Contact

Private phone | Cell phone | Business phone

What is the best time to contact you? | Where? ☐ Private ☐ Cell ☐ Business | Email

2.3 1st travel participant

First name | Surname | Date of birth

Street, number | Postcode / town

Traveller's insurance

Name of insurance company | Policy no.

2.4 2nd travel participant

First name | Surname | Date of birth

Street, number | Postcode / town

Traveller's insurance

Name of insurance company | Policy no.

Please list additional travellers on a separate sheet.

2.5 Stay

Duration and reason for stay

Date

from to

2.6 Date of booking

3 Cancellation costs

3.1 Reason for cancellation

Why was the trip cancelled?

☐ Illness ☐ Accident ☐ Death ☐ Other (please describe)

Detailed description of why the trip has been cancelled

Date

Time

Location

Country

Documents to be provided

☐ Booking invoice with general terms and conditions

☐ Breakdown of cancellation costs

☐ Original medical certificate with diagnosis, beginning and duration of the inability to travel

☐ As a result of death: announcement of death or death certificate

4 Luggage

4.1 Type of claim

☐ Theft ☐ Damage ☐ Loss ☐ Other (please describe)

Date

Time

Location

Country

Cause of damage / course of events

4.2 Did the police file a report?

☐ No ☐ Yes – which police station

If not, why not?

4.3 1st witness

First name

Surname

Phone

Street, number

Postcode / town

Please list additional witnesses on a separate sheet of paper.

4.4 Where were the items at the time of the event?

If on the aircraft or at the airport: was the airline notified? ☐ Yes ☐ No

Have you received any compensation from the airline? ☐ Yes ☐ No

If you have, enclose the statement from the airline

4.5 Items

Damaged or stolen items (please include original purchase receipts)

Item (make, model)	Date/place of purchase	Price paid	Current price

☐ As per separate list

4.6 Does the household contents insurance include supplementary insurance for «petty larceny away from home»?

☐ Yes ☐ No

If so, what is the insured capital sum?

CHF

With which insurance company?

Name of insurance company | Policy no.

Has the event been reported to them? ☐ Yes ☐ No

5 Additional information (please answer each question completely)

5.1 Additional insurance coverage for this risk?

	Insurance company	Policy no.
☐ Motor vehicle insurance (personal effects)		
☐ Legal protection insurance		
☐ Luggage		
☐ Cancellation costs		
☐ Household contents		

6 Payment to

6.1 Name and address of the beneficiary

First name | Surname

Street, number | Postcode/town

6.2 Account details of the beneficiary

IBAN

Name of financial institution

Remarks

The undersigned person hereby confirms that he or she has answered all questions on all pages truthfully and in full.

CSS Versicherung AG processes the data you disclose to us or which we obtain from third parties with your consent to the extent necessary for handling claims. You hereby agree that the data may be passed on, to the extent required, to the CSS Group companies involved in settling the claim, to co-insurers and reinsurers, authorities and other third parties in Switzerland and abroad for processing or that it may be procured by them. The data will be processed in electronic or paper form. The data is filed for as long as is necessary for business purposes or as laid down by law.

By signing the claim notification, the applicant authorises CSS to share information and obtain such at any time from doctors, other service providers, social and private insurers and authorities, and their company doctors and medical advisors to the extent necessary to assess the insurance cover, while respecting statutory provisions on data protection. In such cases, the applicant releases all agencies and parties from which information is requested from the obligation to maintain professional secrecy or patient confidentiality with respect to CSS.

You can find further details of the processing of your data in the CSS Versicherung AG privacy policy at css.ch.

The undersigned person has the right to request information about his or her data that is being processed. Consent to the processing of data may be revoked at any time.

Legal entity for basic insurance (KVG): CSS Health Insurance Ltd, legal entity for insurance under the VVG: CSS Insurance Ltd

Place

Date

Signature of insured person or his or her legal representative

Address of the insurer:
CSS, Special Insurance Competence Centre, P. O. Box 2568, 6002 Lucerne