

Travel Insurance claim Accident – Illness / LUXAIR Airline

A complete report facilitates the processing of your claim!

Purpose of the claim:

- Hospital costs
- Costs for travel prolongation
- Doctors' or surgeons' fees
- Medication prescribed by a doctor
- Transport prescribed by a doctor

LUXAIR reservation n°:
 Contract n° : 27/0105912- TRAVEL PACKAGE

1. Policy holder

Surname
 First name:
 Date of birth: / /
 Address :
 Mobile Phone n° :
 Email :
 Profession :
 Office tel.:

2. Reimbursement by bank transfer

Bank:
 IBAN account No:
 BIC :
 Account holder:
 Signature of beneficiary:

- Correspondence** : Please send all correspondence to the above mentioned Email address

3. Travel Information

Destination: Date of departure: / /
 Date of reservation: / / Date of return: / /

4. Claim

Place, where disease or accident has occurred
 Date when disease or accident has occurred or was noticed: / /
 Details concerning disease or accident :

5. Health Insurance

and/or any other health or rescue institution (e.g. Air Rescue, Caisse Médico Chirurgicale Mutualiste, credit cards etc.)
 and / or other insurance companies with a "accident / health" policy
 Full name:
 Address :
 Member n° /Credit card n° /Policy n° :
 Name:
 Address :
 Member n° /Credit card n° /Policy n° :

6. Detailed description of medical fees:

N°	Provider	Date		Amount invoiced	Tariff of health insurance / insurance company	Amount to be paid by affiliated or insured person
		from	until			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
				Total		

Please submit the following documents with your claim:

- original counts of the health insurance (or complementary health insurance)
- copies of the invoices with payment confirmation
- copies of the medical prescriptions
- report established by local authorities (only in case of accident)
- copies of electronic tickets

Please keep a copy of all sent documents.

I hereby declare that all answers given regarding the claim are true. Any intentional omission or misstatement could void AXA Assurances Luxembourg of its obligations.

Signed in _____, on _____

**Signature of claimant
preceded by "read and approved"**