



więcej / niż standard

insurance

Insurance Claim Form

Notification of loss under liability insurance

In order to ensure that your claim is considered quickly and efficiently, please fill in this form in carefully and send it directly to the address of the company providing the loss settlement service and acting on behalf of AXA Ubezpieczenia TUiR S.A. (see below).

Please enclose the following with the form:

1. documents confirming the claim against the Insurance Holder
2. a police report, if there is one
3. witnesses' testimony
4. a photocopy of your ID document (ID card or passport)
5. medical records in the case of personal injury
6. original receipts for repair or purchase of damaged/destroyed item

Contact address:

Inter Partner Assistance Polska S.A.
ul. Prosta 68
00-838 Warsaw
phone +48 22 575 90 80

A. GENERAL INFORMATION

1. **First and last name of the person filling the form**
 (or legal guardian)

2. Contact phone no. _____

3. **First and last name of the insurance holder**

4. Address

 Town/City Postcode Street House/Apt. No.

Contact phone no. _____

5. Correspondence address

 Town/City Postcode Street House/Apt. No.

6. E-mail Address

Do you wish to receive letters correspondence and notifications via e-mail? Yes No

7. PESEL no.* _____

8. Policy/booking No.

9. Date and place of policy purchase (applies to individual policies)

10. Name of trip organiser – travel agency (concerns group policies as part of agreements with tourist trip organisers)

B. INFORMATION CONCERNING THE TRIP

1. Trip duration

From DDMMYYYY to DDMMYYYY Country _____

C. INCIDENT INFORMATION

Information about the party aggrieved by the Insurance Holder

1. First and last name

2. Place of residence

 Town/City Postcode Street House/Apt. No.

3. Accident date DDMMYYYY time HHMM

4. Location of incident

* Applies to Polish citizens only.

