

Baggage delay, loss or damage

Claim Form



(Please use block letters)

Please post this claim form along with your bills and the Property Irregularity Report (P.I.R.) to the address below

Other insurance

Do you have insurance cover with another company? Yes No

Name of insurance Company

Address

City

Postal Code

Country

Has the claim been reported to the other company? Yes No

Payment method

The amount should be reimbursed to: Policyholder

Other

The amount should be reimbursed in the following currency

Please transfer reimbursement to the following credit card

Eurocard / Mastercard

Visa

JCB

Card no.

Expiry date

(month/year)

Please transfer reimbursement to the following account

Name of bank

Address

BIC / S.W.I.F.T. Code / ABA, if any

IBAN

Account no.

Account holder

Please send a cheque to the following address if different from page 1

Payee

Address

Postal Code

City

State

Country

Currency

If no choice of reimbursement method has been made, ihi Bupa will send a cheque.

Your choice of reimbursement method cannot be changed after the claim has been processed.

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