

Claim Reference No.:

_____ - _____

AGA International S.A.
Niederlassung für Deutschland (Germany branch)
Claims Department
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Claim Form for Securtix® Flight Default Insurance



Please complete in full.

1. Passenger name:

Please include your full name.

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>
		First name(s)	Surname(s)
<input type="text"/>		<input type="text"/>	
Street		Street Number	
<input type="text"/>		<input type="text"/>	
Postcode		City	
<input type="text"/>		<input type="text"/>	
Telephone		e-mail	
<input type="text"/>		<input type="text"/>	

2. Travel agency and flight booking details:

<input type="text"/>	<input type="text"/>
Travel agency	IATA number / Agency number
<input type="text"/>	<input type="text"/>
Insolvent airline	Flight number
<input type="text"/>	<input type="text"/>
Date of issuance	Date of travel
<input type="text"/>	<input type="text"/>
<input type="text"/>	
Ticket total in euros	

3. Please enter all participants whose journey was cancelled, started delayed, interrupted or aborted:

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>
		First name / Surname 1. (Travel-)participant	Ticket total in euros
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>
		First name / Surname 2. (Travel-)participant	Ticket total in euros
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>
		First name / Surname 3. (Travel-)participant	Ticket total in euros
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>
		First name / Surname 4. (Travel-)participant	Ticket total in euros

4. Instructions on duty of truthfulness (Section 28 of the German Insurance Contract Act [VVG]):

The above details are true and have been given to the best of my knowledge. I have noted that intentionally false or incomplete details can result in a loss of insurance benefits and false or incomplete details provided through gross negligence can – depending on the seriousness of my fault – result in a reduction of insurance benefits, unless these details were not the cause of the determination of the insured event or the determination or the scope of the insurance company's liability for insurance benefits. The latter restriction shall not apply if the false or incomplete details were provided by me fraudulently.

5. Name and address of the person entitled to receive the insurance compensation:

<input type="checkbox"/> see 1.	<input type="checkbox"/> Other beneficiary:	<input type="text"/>	<input type="text"/>
		First name	Surname
<input type="text"/>		<input type="text"/>	
Account number	Bank code	Name of Bank	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
For transfers from abroad:		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
IBAN		Swift- / BIC-Code	
If the reimbursement is to be received by a person other than the person booking the journey, the consent of such person is required.			
<input type="text"/>		<input type="text"/>	
City / Date		Signature (Minors require the signature of a parent or guardian!)	

We require the following documents to process the claim:

- Copy of the unused Hahn Air HR-169 ticket due to insolvency
- Original of the new flight ticket
- Original receipts for additional costs (hotel, telephone, catering etc.)

Enclosed:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |