

Claim Reference No.:

# Claim Form for SecurTix® Flight Default Insurance



AWP P&C S.A., Niederlassung für Deutschland  
Schadenabteilung  
Bahnhofstraße 16 · D - 85609 Aschheim b. München  
Tel: +49.89.6 24 24-299 · Fax: +49.89.6 24 24-177  
E-Mail: hahnair@allianz.com

Please complete in full.

## 1. Passenger name:

 Please include your full name.

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

## 2. Bank account details

Who is entitled to receive the insurance benefit?

<input type="checkbox"/> see 1. beneficiary:	First name	Surname
--	------------	---------

Name of Bank

IBAN

Swift- / BIC-Code

## 3. Travel agency and flight booking details:

Travel agency	IATA number / Agency number
Insolvent airline	Flight number
Date of issuance	Date of travel
Ticket total in euros	

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

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

## 5. Data Protection

We process your personal data in compliance with the EU General Data Protection Regulation (GDPR), the German Federal Data Protection Act (Bundesdatenschutzgesetz, BDSG), the data protection provisions of the German Insurance Contracts Act (Versicherungsvertragsgesetz, VVG) as well as all other applicable laws. The processing of special categories of personal data – including health data – is subject to special protection. By providing us with health data in connection with your claim, you give us explicit permission to process the health data necessary for processing the claim.

## 6. 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. If false or incomplete details are provided through gross negligence, the insurance company can reduce the insurance benefits in proportion to the degree of fault. The insurance benefits will not be reduced if I can furnish proof that false or incomplete details were not provided through gross negligence. If I furnish proof that the intentional or grossly negligent details provided were not the cause of the determination of the insured event or the determination of the scope of the insurance company's liability for insurance benefits, the insurance company shall remain obliged to pay insurance benefits. The latter restriction shall not apply if the false or incomplete details were fraudulently provided by me. In case of fraudulently provided or incomplete details, the insurance company shall be released from its obligation to pay insurance benefits in all cases.

Place / 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 |