

## Claim Advice Best Price Guarantee

Policy no./ Type of insurance (enclose copy)

Claim no. (filled in by Allianz Global Assistance)

### 1. Insured persons details

Last name

First name

Street / no.

Zipcode / Town

Telephone private

Telephone work

Profession

Date of birth

E-Mail

### 2. Informations for the settlement of claims

Client

Bank account no.

IBAN no.

Name of the bank

Zipcode / Town

Bank account holder (Name, address)

Postcheck-account- no.

IBAN no.

Did you pay the item by credit card?

Yes

No

If yes, detailed information of your credit card company

Credit card no.

Type of card

Silber

Gold

Platinum

## How can we help?

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