

5. Details of the originally booked trip

Type of trip	<input type="checkbox"/> private	<input type="checkbox"/> professional
Travel company / tour operator / landlord	Travel agency / booking office	
Date of final booking	Duration of trip from / to	
Destination	Date of insurance contract	
Please list all travellers who were unable to make their return trip as planned		
1. First name / last name	Relationship	
2. First name / last name	Relationship	
3. First name / last name	Relationship	
4. First name / last name	Relationship	
Price of travel package per person CHF	× (number of people)	= (Total CHF)
Additional charges per person CHF	× (number of people)	= (Total CHF)

6. Details of the illness

Please describe the course of the illness in your own words

Did the health problems arise suddenly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When did you first notice the health problems?	Date	
When did you go see the doctor?	Date	
Which doctor did you see? (name, address)		
Have the health problems already occurred previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when was the first time?	Date	
Did you go see a doctor at that time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which doctor did you see? (name, address)		

How can we help?

AWP P&C S.A., Saint-Ouen (Paris), Wallisellen branch (Switzerland)
Hertistrasse 2, 8304 Wallisellen, Tel. +41 44 283 32 22, Fax +41 44 283 33 83
claims@allianz-assistance.ch, www.allianz-assistance.ch

