

WORLD HEALTH ORGANIZATION
CLAIM FOR LOSS/THEFT OF OR DAMAGE TO
ACCOMPANIED BAGGAGE WHILE ON OFFICIAL TRAVEL

Name:			
Mailing address:			
E-mail address:			
Travel authorization no:			
Number of travellers:			
Date/place of loss/theft/damage:			
Circumstances of loss/theft/damage:			
YOUR CLAIM:			VALUE IN US Dollars
Detailed list of articles lost, stolen or damaged, including suitcase(s)			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
WHO 827	(Add pages if necessary)	TOTAL AMOUNT CLAIMED	USD
			-

DOCUMENTS ATTACHED TO CLAIM:

IF AIRLINE INVOLVED:

- Original** of Property Irregularity Report (PIR) issued by airline
- "Declaration of loss"**. Certificate issued by airline with confirmation of indemnity paid (if applicable)

- Original** ticket stubs and package tags
- Copies of correspondence**
- Purchase invoices** of damaged or missing items valued at more than USD 500.-
- Copy of Travel Authorization**

IN ALL OTHER CASES:

- Original** of Police Report or Notification to Chief Baggage Dept. / Station Master, Security Officer, Hotel Manager, or other competent authority

- Copies of correspondence**
- Purchase invoices** of damaged or missing items valued at more than USD 500.-
- Copy of Travel Authorization**

BANKING INSTRUCTIONS:

Name of account holder: _____

Account no (IBAN if applicable): _____

Bank Name: _____

SWIFT, BIC, Sort Code or ABA: _____

Bank Address: _____

Currency for payment: _____

DECLARATION AND SUBROGATION OF RIGHTS

I, the undersigned, hereby declare that:

- 1) my claim is true and this declaration is completed correctly to the best of my knowledge.
- 2) I accept in full the terms and conditions of the SUBROGATION OF RIGHTS as follows:

"By virtue of liquidation of this insurance claim, full and final discharge is given to Allianz Suisse Insurance Company concerning its liabilities in connection with this claim and consequently all my legal rights of recourse against third parties are transferred to the same company."

Place & date:

Signature:

Completed form and relevant documents should be sent to:

WORLD HEALTH ORGANIZATION
IPS/INS
CH-1211 Geneva 27, Switzerland
Tel. +41 22 791 18 18 - Fax +41 22 791 41 84
E-mail: insurance@who.int

Correspondence relating to this claim will be addressed to you directly by the insurance company.

FOR WHO USE ONLY:

WHO CONFIRMS ELIGIBILITY FOR BAGGAGE INSURANCE FOR A VALUE OF USD:

Date: Signature of WHO official: