
CLAIM FORM

Form no



ASSICURAZIONI GENERALI S.p.A. - Policy Information Center

Piazza Duca degli Abruzzi, 2 - 34132 TRIESTE - Italy

Fax: +39 040/671536

E-mail: pic@generali.com

Please fill in this claims form in capital letters, as completely as possible and to the best of your knowledge.

1. CLAIMANT

INFORMATION ABOUT YOURSELF

Please add a copy of your passport / identity card / some official documentation (do not send original)

1.1 Your last name
(including name changes and changes of
spelling if any)

1.2 Your first name

1.3 Your maiden name if applicable

1.4 Your gender

1.5 Your date of birth (day / month / year)

1.6 Your place of birth (city / state / country)

1.7 Your current address

Street, No.

City, Zip code

State

Country

Telephone

(Fax)

E-mail address

1.8 Name, address and telephone number of an immediate relative of yours (please specify relation)

2a. INDIVIDUAL FOR WHOM THE SEARCH IS REQUESTED

Please fill in one page with sections 2a, 2b, 2c, and 2d for each individual for whom you want a search to be performed. Add as many copies of this page as required.

- 2a.1 Last name (including name changes and changes of spelling if any)
- 2a.2 First name (including name changes and changes of spelling if any)
- 2a.3 Middle name(s) and aliases (if any)
- 2a.4 Maiden name if applicable (including name changes and changes of spelling if any)
- 2a.5 Gender
- 2a.6 Date of birth (day / month / year)
- 2a.7 Place of birth (city / state / country)
- 2a.8 Date and place of death (month/day/year) or best approximation (if applicable)
- 2a.9 Former known place(s) of residence before 1945, including addresses if available
- 2a.10 Profession (please add employer's name and address if applicable)
- 2a.11 Name of spouse(s) (including aliases and spelling variations)
- 2a.12 Name of child/children (including aliases and spelling variations)
- 2a.13 What is your relationship to this individual (e.g. child, grandchild, nephew, etc.)? Please enclose a complete family tree
- 2a.14 Are there any other living heirs? If so, please specify their relation to this individual and their current addresses

2b. POLICY

2b.1 Have you got any documentary evidence about the existence of a policy? If so, please specify what kind of records are available to you and enclose copies only of all documents in your possession

2c. ELIGIBILITY

2c.1 Was this individual a victim of the Holocaust? Please specify stays in camps, ghettos, etc.

- Yes
- No

2d. COMPENSATION

2d.1 Have you or anybody else participated in any compensation or restitution procedure for this enquiry (e.g. International Commission on Holocaust Era Insurance Claims, Austrian General Settlement Fund, etc.)?

- Yes
- No

2d.2 If yes, under which compensation scheme, and with what result?

3. ANY OTHER INFORMATION OR DOCUMENT WHICH MIGHT BE HELPFUL

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Enclosures:

- Authorization to the Processing of Sensitive Data (overleaf)
- Copy of identity document
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Place, Date

Signature of Claimant

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***Authorization to the Processing of Data
Including Sensitive Data***

Having read the attached information, I hereby authorize the Company:

- *to process the data referring to my claim, including sensitive data, for the purposes set forth in Paragraph 1 of the attached information;*
- *to communicate and transfer the data referring to my claim, including sensitive data, to the categories of persons set forth in Paragraph 4 of the attached information.*

Note: Pursuant to Art. 22 of the “Law”, “sensitive data” are personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, membership to political parties, trade unions, associations and organizations having religious, philosophical and political nature, as well as data concerning health and sexual life.

Place and date

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Signature