

Insurance claim

Travel cancellation insurance

Insured details

Last Name, First Name(s) Claim no.

Address

Private tel Work tel Mobile Tel

E-mail ☐ Baloise can use this address for any additional request related to this claim.

Bank / IBAN

Policy & broker

Policy no ☐ Travel ☐ Other

Broker no Name

Travel covered by this claim

Travel or rental organisation

Destination

date of registration Scheduled start Scheduled end

Last name(s), First name(s) of the insured travellers

Circumstances of the incident

Objet de la déclaration

- ☐ Reimbursement of administrative costs of travel changes ☐ Travel cancellation
- ☐ Early return (interruption of travel before the scheduled time) ☐ Repatriation of luggage sent in advance

If the subject of the claim results from illness, accident or death

Cause ☐ Unexpected serious illness ☐ Accident ☐ Death

Person concerned (Last name, First name)

If this person is not insured

Family relationship with the insured person

Address

If the subject of the claim results from another cause, indicate the cause

In the case of travel cancellation:

On what date did the event occur?

On what date did you cancel the trip?

Reason for delay if the cancellation was not requested immediately

Do you have other insurance covering travel cancellation?

☐ No ☐ Yes - Company(s), type of insurance, and Policy no.

Attachments

- ☐ Travel policy ☐ Proof of payment of the travel cost ☐ In the event of death: the death certificate
- ☐ In the event of travel cancellation: the final invoice from the traveloperator
- ☐ In the event of illness or accident: please have the medical report (below) completed by a doctor
- ☐ Other supporting documents or invoices

Any comments

Signed at , on...../ /

Signature of the insured

Medical report

Last Name and First Name(s) of the patient

Date of birth

Address

Purpose of the patient's consultation : ☐ Illness ☐ Accident Date of consultation

Precise diagnosis of the illness, or description of the consequences caused by the accident

In your opinion, does the patient's state of health justify the cancellation of his travel plans ☐ No ☐ Yes

In the event of an illness, was it:

☐ a chronic illness

☐ a chronic illness which has suddenly worsened

How long has the patient been suffering from this illness?

☐ a newly diagnosed illness

Following his/her illness or accident, did the patient have to be hospitalised?

☐ No ☐ Yes - from which date

From which date was it expected that the patient would have to cancel his travel because of his state of health?

Any comments from the doctor

Signed at , on...../ /

Doctor's signature and stampconsultation

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Baloise Assurances Luxembourg S.A. | Siège social : 8, rue du Château d'Eau | L-3364 Leudelange | B.P. 28, L-2010 Luxembourg
Société Anonyme de droit luxembourgeois | R.C.S. Luxembourg B 68 065 | Matricule 1998 2235 882 | N° TVA LU 18 47 59 84