Claim Notification Cancellation

Policy number:

Policyholder	Full Name: _____ Phone: _____ Address: _____ E-mail adr.: _____ Postal code/City_____Date of birth.: _____
Insurance period	From:_____/_____ to:_____/_____
Description of incident	Destination: _____ Departure booked: / 200 at:(Time):_____ Return booked: / 200 at:(Time):_____
	Please explain in detail reason for your cancellation. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	When did you book your flight?: Where did you book your flight?: / 200 at.: Travel agent:_____
	Time and date of cancellation: Time and date of the incident: / 200 at.: / 200 at.:
	Have you been offered a substitute flight?: Yes:_ No:_

Other insurance	Do you have any other insurance, which may cover this cancellation?: Yes:_ No:_ If yes: Company:_____Insurancenumber.:_____ Have you filed a claim with somebody else ? Yes:_ No:_
Payment information	Any compensation should be remitted to my bank account, as stated below; (no payment can be made unless we have this information) Name of the bank: _____ Address:_____ Postal Code ./City: _____ Reg.No.: _____ Account number : _____ IBAN Code: _____SWIFT Code:_____
Signature.	I hereby declare that the information given is true and correct. Furthermore I grant permission to you to review my medical records. _____ ___/_____200___ Signature Date

Please remember to enclose:

- Copy of insurance certificate and ticket/reservation
- Original invoices/receipts for your expenses due to this cancellation(s).
- Copy of medical records or other documentation making it necessary to cancel the flight.

Please airmail to:

Van Ameyde Danmark.
Lindevangs Allé 6
2000 Frederiksberg
Danmark.