

# CLAIM FORM CANCELLATION

Complete Claim Form, send to:  
Global Reseskydd c/o SOLID Försäkringar, Box 22068, 250 22 Helsingborg, Sweden

## 1. To be filled out at any type of event:

Policy number:	Claim number:	(to be completed by SOLID)
Name:	Social security no.:	
Address:	Phoneno. daytime:	
Postal code:	Home Town:	Mobile phone:
E-mail (is used primarily when communicating):		

## 2. If the compensation is to be credited to your bank account, please state the following:

Holder of the account:	Bank:
Sort code:	Account number:

## 3. Fellow-traveler who has cancelled the journey:

Name:	Social security no.:
Name:	Social security no.:
Name:	Social security no.:

## 4. Who is the cause of the cancellation?:

Name:	Social security no.:	
<input type="checkbox"/> A policyholder	<input type="checkbox"/> Other co-traveler	<input type="checkbox"/> Not a co-traveler Relation to the insured:

## 5. Describe the event that led to the cancellation:

(A separate report can be added)

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## 6. Details of journey and cancellation:

When was the journey reserved?	Is the journey fully paid, if so, when?
When did the event that led to the cancellation occur?	Departure:
When was the cancellation made?	Destination:
If the journey wasn't cancelled right away, what was the reason?	

## 7. Specification of the claim for compensation:

How much does your loss amount to?
Does the amount concern several persons, if so, how many?
Has the travel agent compensated you due to the cancellation, if so, with how much?

## 8. Signature

I, the undersigned, solemnly declare that the above information is correct, and authorize the insurance company to obtain medical information about any previous illness or treatment, that may be relevant to the handling of the claim. I also give SOLID the right to dispose of any unused ticket in the case.		
Date:	Signature:	If the claim regards a minor, the signature of the legal guardian is required.
If the cancellation is made due to other persons illness/accident is this persons signature needed. I authorize the insurance company to obtain medical information about any previous illness or treatment, that may be relevant to the handling of the claim.		
Date:	Signature:	If the claim regards a minor, the signature of the legal guardian is required.

**NB!** Don't forget to enclose the documents needed for SOLID to handle the case.

- The receipt for payment of the journey/arrangement
- Other documentation that verify the event causing the cancellation
- Medical certificate, when cancellation due to illness
- Cancellation confirmation
- Receipt of reimbursement
- Death certificate, when cancellation due to death
- Unused tickets