

CLAIM FORM TRAVEL CANCELLATION AND CURTAILMENT INSURANCE

<input type="checkbox"/> Travel cancellation <input type="checkbox"/> Missed departure	<input type="checkbox"/> Curtailment of travel <input type="checkbox"/> Late departure > 12 hours
REF number	Contract :

1. Insured person	
Name	First Name
Address	Postcode/City
Phone Number	
E-mail	Date of birth

2. Bank details / account holder for reimbursement(s) - mandatory	
Name	First Name
Address	Postcode/City
Bank name	Postcode/City
IBAN	
SWIFT/BIC	
Bank account number (if no IBAN)	

3. Travel participants	
Name	First Name
Address	Postcode/City
Relation to insured person	Date of birth

Name	First Name
Address	Postcode/City
Relation to insured person	Date of birth

Name	First Name
Address	Postcode/City
Relation to insured person	Date of birth

Name	First Name
Address	Postcode/City
Relation to insured person	Date of birth

4. Details of cancellation / delay	
Reason for cancellation	
<input type="checkbox"/> illness <input type="checkbox"/> accident <input type="checkbox"/> pregnancy <input type="checkbox"/> death <input type="checkbox"/> other reason <input type="checkbox"/> delay <input type="checkbox"/> interruption	
Name	First Name
Relation to insured person	

5. Travel Details	
Travel agency	
Travel destination	
Initial dates of journey from _____ to _____	
Date of reservation	Date of cancellation
Total cost of journey	Cancellation fees

6. Information about other Insurances	
Is there any other Insurance that may cover this incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you applied for claims in this Insurance Company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and address of the Insurance	
Have you received any allowance for this incident?	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount
If so please join the reimbursement or refusal statement	

7. Documents that must be included are detailed below. Failure to provide full documentation as detailed below may jeopardise your claim.
<input type="checkbox"/> Proof of any travel prepayment, payment or deposit
<input type="checkbox"/> Cancellation terms & conditions of the travel agency or travel organizer
<input type="checkbox"/> Confirmation of CANCELLED and UNUSED services mentioning expenses and reimbursements
<input type="checkbox"/> Full medical report mentioning the beginning and the duration of the travel inability
<input type="checkbox"/> Copy of the certificate of death (in case of death)
<input type="checkbox"/> Other proofs or documents by delays or missed departures

8. Declaration: I declare that the above statements are true and complete to the best of my knowledge and belief. I am fully aware that my insurance rights can be canceled if the data I declared are false, incomplete or contradictory, even if it bears no prejudice to the insurer. I clearly authorize TSM INSURANCE/ASSISTANCE to request or transmit if necessary to third parties any useful information for the handling of the claim (Doctors, Insurance companies, etc...)	
Date and place	Signature insured person

Send form to: claims@tsm-assistance.com