

Policy number _____

Policy is in the name of _____

1. Insured party's details

Surname and initials _____

Address (not a P.O. Box) _____

Postcode and town/city _____

Travel destination _____

Reason for travel _____

Planned departure date from home _____

Planned date for return journey _____

When was journey booked _____

When was the journey cancelled _____

Travel expenses were paid by _____

Compensation to be paid to _____

Bank account name _____

Ascription of the account _____

Name bank _____

Please enclose a statement from your employer that the cancelled journey was to take place at their expense and under their authority.

Please indicate clearly the reason that you cancelled the journey and when it became apparent the journey would have to be cancelled.

Please enclose as much evidence as possible. Depending on the situation this might be a medical certificate, obituary notice, police report, etc.

2. Details of the loss

What does your loss amount to? € _____

Please enclose the cancellation or the invoice for transfer of the journey.

If cancellation of the journey was not possible we would like to receive the following documents:

- Evidence that cancellation was not possible (such as copies of correspondence with the travel organisation)
- The reservation slips

Based on the information you have provided on this loss notification form, we will decide if additional information might be necessary to settle this claim. Please state your telephone number and/or email address where you can be reached should we require further information.

Telephone number (during the day) _____

Email address _____

Additional information _____

3. Signature

Completed truthfully and to the best of my knowledge.

Town/city

Date

Policyholder's name

Policyholder's signature*

** A signature is not required for a digital submission*

Digital submission

Save this filled-in form and
attach it to an e-mail to

info@meijers.nl