

CLAIM REPORT TRAVEL CANCELLATION

Pease complete carefully and return ASAP to :

LA LUXEMBOURGEOISE S.A. d'Assurances, L-2095 Luxembourg • Fax : +352 4761-68 68 • email : luxair@lalux.lu

RESERVATION NUMBER LUXAIR

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INSURED PERSON

Name of the insured

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First name of the insured

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

		/			/				
--	--	---	--	--	---	--	--	--	--

Place of the residence

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal code

--	--	--	--	--	--

Street and number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender

Female

Male

Profession

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phonenumber

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Faxnumber

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

GSM

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

private

professional

E-mailaddress:

REIMBURSEMENT BY BANK TRANSFER

Bank

--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IBAN :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account holder :

Insured

Travel agency

Other :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

.....
 Signature of the beneficiary

TRAVEL

Destination:

Date of reservation

		/			/				
--	--	---	--	--	---	--	--	--	--

Date of cancellation

		/			/				
--	--	---	--	--	---	--	--	--	--

Date of departure

		/			/				
--	--	---	--	--	---	--	--	--	--

In case of break of the travel or delayed departure :

Date of the delayed departure

		/			/				
--	--	---	--	--	---	--	--	--	--

Date of the anticipated return

		/			/				
--	--	---	--	--	---	--	--	--	--

INVOICING

Total price of the travel : EUR

Cancellation fees : EUR

Deductible: **50 EUR each person**

Payed in advance : Deposit EUR

payed on:

		/			/				
--	--	---	--	--	---	--	--	--	--

Fee shall be reimbursed to:

• Insured : EUR

• Travelagency : EUR

REASON FOR THE - CANCELLATION / - BREAK OF THE TRAVEL / - DELAYED DEPARTURE

Person whose disease / accident / death has caused the cancellation / delayed departure / anticipated return:

Name

[Grid for Name]

First name

[Grid for First name]

Date of birth

[Grid for Date of birth]

Place of residence

[Grid for Place of residence]

Postal Code

[Grid for Postal Code]

Street and number

[Grid for Street and number]

Profession

[Grid for Profession]

Phonenumber

[Grid for Phonenumber]

Faxnumber

[Grid for Faxnumber]

GSM

[Grid for GSM]

private

professional

Email address:

What was the reason for the cancellation, delayed departure, anticipated return?

illness: Please add the enclosed medical report duly completed by your treating physician!

accident: Please add the enclosed medical report duly completed by your treating physician!

Place: Date [Grid] / [Grid] / [Grid]

Injuries:

Exact description of the circumstances:

.....
.....
.....
.....

Is a third party liable? yes no

Name of the liable party

[Grid for Name of the liable party]

First name of the liable party

[Grid for First name of the liable party]

Place of residence

[Grid for Place of residence]

Postal Code

[Grid for Postal Code]

Street and number

[Grid for Street and number]

Name of the Insurance Company

[Grid for Name of the Insurance Company]

Policy number

[Grid for Policy number]

Death

Other reasons

.....
.....
.....
.....
.....
.....

PERSONS WHO HAD TO CANCEL OR INTERRUPT THEIR TRAVEL

Name and first name	Relationship with the person whose illness, accident or death caused the cancellation or the break of the travel :
1)
2)
3)
4)
5)
6)

I confirm by my signature that the statements were made in good faith.

.....
Place and date

.....
Signature of insured person preceded by «Read and approved»

TO BE ATTACHED ASAP TO THIS DECLARATION:

- LUXAIR Travel contract
- Voucher of the LUXAIR booking
- Invoice of the cancellation expenses
- Invoice of the travel agency
- In case of an accident or an illness: medical report (cf. enclosed medical report)
- In case of death: Certificate of death
- Other reasons: official documents justifying the request

MEDICAL REPORT (TO COMPLETE BY YOUR TREATING PHYSICIAN)

LUXAIR Reservation number: Date of the Reservation: / /

Name of the patient

First name of the patient

Place of residence Postal code -

Street and number

Date of birth
 / /

Date of examination
 / /

Exact description of the diagnosis (Nature of the disease / Symptoms):
.....
.....
.....
.....

1. Date of first examination: / /

2. Treatment:

3. Date of last examination: / / Cause:

4. Is it a disease that the patient has been suffering already since a certain time? yes no

• If yes, since when: / /

• Duration of the treatment:

• Has the disease worsened? yes no

5. Would the patient have been able to travel at the reservation date (/ /)? yes no

6. Was or is the patient in a hospital?
• If yes, from / / to / /

7. Has the patient been advised not to undertake or not to continue the travel? yes no

• If yes, when? / /

• Why?

Additional remarks:

Place and date

Seal and signature of the treating physician preceded by 'certified sincere and true'

The expenses of this medical report shall be borne by the patient.