

Claim cancellation

☐ Single ☐ Return

Touring Customer Support Tel: 02 233 22 49 e-mail: cancellation@touring.be
Boulevard du Roi Albert II 4 bus 12 1000 Brussels

Reservation reference N°:

Tickets in your possession : ☐ no ☐ yes

Surname: First name: Date of birth:/...../.....

Address: Postcode + Town:

Telephone :/.....

Any compensation will be paid to :

Bank account N° :-.....-.....

Person behind the cancellation of the trip (to be completed if other than policy holder)

Surname: First name: Date of birth:/...../.....

Address: Postcode + Town:

Telephone:/.....

Relation to the policy holder:

Cancellation date : .. /.. / ...

Date of the loss :/...../.....

Number of persons cancelling their trip:

Surnames + First names:

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Reason for cancellation:

☐ pregnancy/pregnancy complications ☐ illness/accident ☐ death

☐ dismissal ☐ 2nd session ☐ residential loss

☐ visa/vaccine ☐ recall/summons ☐ other:

Description of the circumstances:

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The undersigned declares that the answers given to the questions above are accurate.

Signature of the beneficiary preceded by the hand-written words « Read and Approved »:

Date:/...../.....