

Claim Cancellation

Single Return

Touring Customer Support Tel: 02 233 22 49 Fax: 02 286 35 06 e-mail: cancellation@touring.be
Rue de la Loi 44 – 1040 Brussels

Reservation reference N°:

Tickets in your possession: no yes

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

Address: Postcode + Town:

Telephone:/..... E-mail :

Any compensation will be paid to:

Bank account N°:-.....-.....

IBAN:.....

BIC:

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:/...../.....