

Claim form - Cancellation

Don't forget to enclose the documents needed for Gouda to handle the case.

- Unused tickets
- The receipt for payment of the journey/arrangement
- Medical certificate, when cancellation due to illness
- Death certificate, when cancellation due to death
- Other documentation that strengthen the event causing the cancellation

Policy number:	Claim number: (to be completed by Gouda)
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Name:		Civil register no.:
Address:		Tel. daytime:
Postal code:	Home Town:	Mobile phone:
E-post (is used in first hand when communicating):		

1. If the compensation is to be credited to your bank account, please state the following:

Holder of the account:	Bank:
Sort code:	Account number:

2. Fellow-traveler who has cancelled the journey:

Name:	Civil register no.:
Name:	Civil register no.:
Name:	Civil register no.:

3. Who is the cause to the cancellation?:

Name:	Civil register no.:
A policyhold: <input type="checkbox"/>	Other co-traveler: <input type="checkbox"/>
Not a co-traveler Relation to the insured: <input type="checkbox"/>	

4. Describe the event that led to the cancellation:

A separate report can be added:

5. Time accusation for the journey and the cancellation:

When was the journey reserved?	Is the journey fully paid, if so, when?
When did the event that led to the cancellation occur?	
When was the cancellation made?	
If the journey wasn't cancelled right away, what was the reason?	

6. Specifikation of the claim for compensation:

What amount does your loss come up to?
Does the amount concern several persons, if so, how many?
Has the travel agent compensated you due to the cancellation, if so, with how much?

7. Signature

I, the undersigned, solemnly declare that the above information is correct, and authorize the insurance company to obtain medical information about any previous illness or treatment, if such information is relevant to the handling of the claim. I also give Gouda the right to dispose possible unused ticket in the case.	
Date:	Signature:

If the claim regards a minor is signature from person who has custody valid

If the cancellation is made due to other persons illness/accident is this persons signature needed. I authorize the insurance company to obtain medical information about any previous illness or treatment.	
Date:	Signature:

If the claim regards a minor is signature from person who has custody valid