

Please send this form to: c.groot.zakelijk@mandema.nl

Claims form - cancellation insurance

1. General

Name: _____

Address: _____ House number: _____

Postcode: _____ Town: _____

Email address: _____

IBAN bank account number: _____

2. Description

Event: _____ Date of event: _____

3. Cause

Reason for cancellation:

4. Documents

We would kindly ask you to enclose all documents (proof) with respect to the cancellation.

5.

Date: _____ Signature: _____