

CANCELLATION CLAIM

(to be sent to Allianz Global Assistance immediately)

- Cancellation
- Interrupted trip

Forms not correctly filled out delay processing

File n°:

Global Assistance

Allianz 

Rue des Hirondelles 2 - 1000 Bruxelles
Tel. +32 2 290 64 11 - Fax +32 2 290 64 19

1. Surname of the **insured** :

First name :

Date of birth : / /

Profession :

Address :

.....

Tel. (office hours) :

2. Payment
The undersigned agrees that potential compensation shall be paid to:

.....

Bank account n° : - -

Signature of the insured Signature of the agent

.....

3. Travel agency : Name :

Address :

.....

References:

4. Tour operator : Name :

PO n° :

5. Policy n° :

6. Trip reservation date : / /

Departure date : / /

Return date : / /

Cancellation date : / /

or
Early return date : / /

7. Destination :

Total price of the trip : €

Already paid : deposit: amount: € on : / /

 balance : amount: € on : / /

Cancellation fee : €

8. Reason for cancellation/early return :

a. Who is at the origin of the cancellation/early return ?

Surname and first name :

Date of birth : / /

Profession :

Address :

.....

Tel. (office hours) :

Is this person at home: Yes

No

