

Cancellation due to illness form

Claim no (completed by Travelpartner)

The following documents must always be attached to the cancellation form:

- Doctor's certificate and/or other documents that could be important for assessing the claim
- Booking confirmation from Travelpartner
- Receipt/travel schedule from Travelpartner (sent as an e-mail to whoever booked the travel)
- Paper ticket if you have received one
- Police certificate and/or other documents that could be important for assessing the claim

A *doctor's certificate* must be issued by a registered and competent doctor. It must appear on the doctor's certificate that the doctor expressly advises against travel. In addition the doctor's certificate must contain details of the diagnosis, the date of first treatment or examination as well as the treatment or examination that forms the basis of the doctor's advice against travel.

Policy-holder (principal traveller)	Surname		First name	NI Number
	Address			
	Postcode	Postal address		Telephone
Fellow traveller 1	Surname		First name	NI Number
Fellow traveller 2	Surname		First name	NI Number
Fellow traveller 3	Surname		First name	NI Number

The person affected

Nature of the illness/injury

When and where the doctor was consulted for the first time

Is treatment continuing? yes no
Has the person affected been diagnosed with the same illness before? yes no

If yes, give the details of the doctor who treated the person

In the event of death, who died?

Has compensation been received from the insurance company or from the travel agency / tour operator / airline? yes no

If yes, from who?

MAKE SURE YOU ALSO COMPLETE THE NEXT PAGE!

Any other information

Cancellation reimbursement:

Any reimbursement will be paid to the card used to make payment for the travel.

Card type

Card number

Period of validity

I solemnly declare that all information given in this cancellation form is true.

I give my permission for doctors and other medical staff, the hospital or other medical institution, regional social security office, other social security office / insurance company or other payment agency to provide Travelpartner with the information, case records, registration documents, certificates etc that Travelpartner consider necessary for assessing the claim or the future validity of the insurance.

Place

Date

Signature

REMEMBER TO ATTACH ALL DOCUMENTS SPECIFIED ON THE FIRST PAGE. ALL CORRESPONDENCE WITH TRAVELPARTNER MUST BE IN ENGLISH. ANY REPLY WILL ALSO BE MADE IN ENGLISH.

RETURN TO:

Scanworld TravelPartner AB
S-118 27 Stockholm
Sweden