

Time and date of the incident:
travelling?

When did you inform the airline that you would not be

Time: _____ 2014 _____ Time.: _____ 2014 _____

Have you received refund from the airlines? : Yes:___ No:___ If yes, amount:

Have you been offerd a substitute flight?: Yes:___ No:___

For what date and time? _____

Cancellation Claim Notification cont'd.

Incident	<p>Name and address of all involved co-travelers. What is your kinship?:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Cancellation - illness	<p>Symptoms that lead to cancellation:</p> <p>_____</p> <p>_____</p> <p>When did the above mentioned symptoms begin? Date: _____</p> <p>When did you visit a doctor about the above mentioned symptoms? Date: _____</p> <p>Diagnosis: _____ (Please, enclose doctor's certificate)</p> <p>Have you earlier been treated for the above mentioned illness? Yes:___ No:___</p> <p>If yes, has your doctor approved your travel plans? Yes:___ No:___</p>
Other insurance	<p>Do you have any other insurance, which may cover this cancellation?: Yes:___ No:___</p> <p>If yes, please, state:</p> <p>Company name: _____</p> <p>_____</p> <p>Policy no: - _____</p> <p>_____</p> <p>Have you filed a claim with the above mentioned company? Yes:___ No:___</p>
Signature	<p>I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. I/we also hereby agree to give O. F. Gollcher and Sons Ltd. consent to share information contained herein with other insurance companies and third parties in order to verify the information and statements made herein. Furthermore, I/we grant permission for O.F. Gollcher & Sons Ltd to review my medical records.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature Date 2014</p>

