

Claim form Cancellation

Send claim form to:

Solid Försäkring, Box 22151, SE-250 23 Helsingborg, Sweden.
Phone: +46 42 623 66 60, E-mail: reseskador@solidab.se.

About cancellation

Airline	When did you make your reservation?
Is the reservation paid? If yes, when?	
How much does your loss amount to?	Does the amount concern several persons, if so, with how much?
Has the travel agent compensated you due to the cancellation, if so, with how much?	

Insurant

Name		Personal identity number
Address		
Postal code and city	Phone	
E-mail		
Policy number	Claim number (To be completed by Solid Insurance)	
Account holder	Bank	
SWIFT code	IBAN number	

Other insurances

Have you paid your journey with a charge- or credit card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state which card, bank and card number:
Certification from your bank that no refund has been made.		

Fellow-traveler who has cancelled the journey

Name	Personal identity number
Name	Personal identity number
Name	Personal identity number

NB! Please attach required documents needed for Solid Insurance to be able to handle your claim.

- The receipt for payment of the journey/arrangement.
- Other documentation that verify the event causing the cancellation.
- Medical certificate, when cancellation due to illness.
- Cancellation confirmation.
- Receipt of reimbursement.
- Death certificate, when cancellation due to death.
- Unused tickets.

Signature

Date and city	Signature	If the claim regards a minor, the signature of the legal guardian is needed.
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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, that may be relevant to the handling of the claim. I also give Solid Insurance the right to dispose of any unused ticket in the case.

If the cancellation is made due to another person's illness/accident, this person's signature is needed. I authorize the insurance company to obtain medical information about any previous illness or treatment, that may be relevant to the handling of the claim.