



Claim cancellation

□ Single □ Return **Touring Customer Support** Tel: 02 233 22 49 e-mail: cancellation@touring.be
Boulevard du Roi Albert II 4 bus 12 1000 Brussels

Reservation reference N°:	
Surname: First name: Postcode Telephone: Any compensation will be paid to: Bank account N°:	+ Town:
Person behind the cancellation of the trip (to be completed if Surname: First name: Pos Address: Pos Telephone: Relation to the policy holder:	Date of birth://tcode + Town:
Cancellation date : / / Date o Number of persons cancelling their trip: Surnames + First names:	
Reason for cancellation: □ pregnancy/pregnancy complications □ illness/accident □ dismissal □ 2nd session □ residential loss □ visa/vaccine □ recall/summons □ other:	□ death
Description of the circumstances:	

The undersigned declares that the answers given to the questions above are accurate. Signature of the beneficiary preceded by the hand-written words « Read and Approved »:

Touring NV/SA – Koning Albert II laan 4 B12, B-1000 Brussels - RPR Brussel - VAT BE 0403.471.401, is registered under this number with the FSMA, Congresstraat 12-14, 1000 Brussels. Touring acts as affiliated agent, remunerated by commission, for AG Insurance NV/SA. AG Insurance NV/SA owns a participation of more than 10% of Touring NV/SA.