

REASON FOR THE CANCELLATION / BREAK OF THE TRAVEL / DELAYED DEPARTURE

Person whose disease / accident / death has caused the cancellation / delayed departure / anticipated return :

Name

First name Date of birth / /

Place of residence Postal Code -

Street and number

Profession

Phonenumber Faxnumber GSM
 private professional

Email address:

Relationship to traveller(s):

What was the reason for the cancellation, delayed departure, anticipated return ?

- illness** : Please add the enclosed medical certificate duly completed by your treating physician!
- accident** : Please add the enclosed medical certificate duly completed by your treating physician!

Place: Date / /

Exact description of the circumstances:

Claim report? yes no If Yes, report N°: drawn up by:

Tiers responsable? yes no

Name du responsable

First name du responsable

Place of residence Postal Code -

Street and number

Adress of the insurance company

Policy number

- Death**
- Other reasons**

.....

PERSONS WHO HAD TO CANCEL, INTERRUPT OR DELAY THEIR TRAVEL

Name and first name	Relationship with the person whose illness, accident or death caused the cancellation, the break or the delay of the travel :
1)
2)
3)
4)

LOST LUGGAGE CLAIM

Place of loss:

Date of loss

/ /

Outline the exact circumstances of the lost luggage?

.....
.....
.....

Additional information in the event of:

Theft :

Has a report been drawn up ? yes no

If Yes, report N° drawn up by:

Loss or damage to baggage by the airline :

Were you compensated by the airline ? yes no

If Yes, what was the amount of compensation ? EUR

Full address of the airline :

Delayed luggage:

Waiting time : hours

Damage to luggage by a third-party :

Last name of third-party

First name of third-party

Place of residence

Postal Code

-

Street and number

List and estimate of damaged objects

Description of items	New purchase price	Age of items	Alleged damage
1)
2)
3)
4)

THE DAMAGED LUGGAGE MUST BE RETAINED UNTIL THE CLAIM HAS BEEN FINALLY SETTLED.

I certify by my signature that the statements have been made in good faith

.....
Place and date

.....
Signature of insured person preceded by « Read and approved »

TO BE ATTACHED ASAP TO THIS DECLARATION:

- Travel contract
- Invoice of reservation
- Invoice of the travel agency
- Invoice of cancellation expenses
- In case of an accident: Certificat médical (as per form overleaf), report drawn up by the competent authorities, where applicable
- In case of an illness: Medical certificat (last page)
- In case of death: Death certificate and proof of relationship
- In case of theft: Statement of complaint, report drawn up by the competent authorities
- Other reasons: Official documents supporting the request

**Pease complete carefully and
return ASAP to:**

LA LUXEMBOURGEOISE S.A. d'Assurances,
L-2095 Luxembourg • Fax: +352 4761-200
E-mail: indem@lalux.lu

MEDICAL CERTIFICATE (TO COMPLETE BY YOUR TREATING PHYSICIAN)

Contract N°

Name of the patient

First name of the patient

Place of residence Postal code -

Street and number

Date of birth / /

Date of medical examination / /

Date of reservation / /

Travel from / / to / /

1. Does the patient's state of health at the time of the consultation allow him/her to undertake or continue the planned journey? yes no
2. Was the patient suffering from a chronic or pre-existing illness at the time the journey was booked? yes no

If yes, what was the patient's state of health at that time?

- it allowed the trip to be carried out.
- it was not advisable to carry out the trip.
- it was foreseeable that the patient's state of health would require medical treatment in relation to his or her illness on the day of the trip, preventing/interrupting the trip.

3. En cas de grossesse, date prévue pour l'accouchement? / /

4. Does the illness fall under one of the following situations: yes no
- depressive state and mental or nervous illnesses which have not manifested themselves for the first time on the date of the examination.
 - Voluntary termination of pregnancy not involving a medical emergency.
 - Suicide or attempted suicide.
 - Drunkenness or intoxication, influence of narcotics, hallucinogenic products, drugs or tranquilizers, misuse of medication or effect of medication not prescribed by an approved physician.

LALUX Assurances will handle the insured's personal data in accordance with the Personal Data Protection Policy available at: <https://www.lalux.lu/en/data-protection-1-1674823498/data-protection-policy>

Lieu et date

Cachet et signature du médecin traitant précédée de
«Certifié sincère et véritable»

The expenses of this medical certificate shall be borne by the patient.