

TRIP CANCELLATION DUE TO MEDICAL REASONS OR DEATH

1. MEMBER INFORMATION

Last name, first name

Date of birth

CMCM identification number

No. and street

Postcode

City

Country

Mobile phone

(to receive payment notification)

2. TRIP INFORMATION

	DESTINATION	
Trip reservation date	Country	
Date of departure	City	
Date of return	Total cost of the trip	€
Date of cancellation	Cancellation fees	€

3. MEMBERS PARTICIPATING IN THE TRIP

Number of members who had to cancel the trip

	Last name, first name	Date of birth	Relationship to the main member
1.			
2.			
3.			
4.			
5.			
6.			

4. CAUSE OF CANCELLATION

a. Which person caused of the trip cancellation (illness, accident, hospitalisation)?

Last name, first name

Date of birth

No. and street

Postcode

City

Country

Relationship to the main member

To be completed by the attending physician

b. What is the cause of the trip cancellation?

ILLNESS

Detailed description of the diagnosis

Date illness began

Treatment

Date of hospitalisation (if applicable)

DEATH

Date of death

Stamp of attending physician

ACCIDENT

Detailed description of the diagnosis

Date of accident

Treatment

Date of hospitalisation (if applicable)

Signed at _____ on _____

Signature

The costs related to this medical report are the responsibility of the patient.

5. DOCUMENTATION TO BE SUBMITTED

a. In the event of medical incident (illness, accident, hospitalisation)

- Original invoices for trip and cancellation costs
- Proof of partial reimbursement or refusal of reimbursement from travel service providers (tour operator, airlines, hotels, ...)

b. In the event of death

- Certificate of death
- Original invoices for trip and cancellation costs
- Proof of partial reimbursement or refusal of reimbursement from travel service providers (tour operator, airlines, hotels, etc.)

Our coverage complements reimbursements provided by other organisations, such as the tour operator, the airline company, etc.

As part of its partnership with Baloise Assurances Luxembourg SA, CMCM may transfer certain personal data required for the processing of travel cancellation files. This data transfer is necessary for the management and handling of these claims. The data transferred is strictly limited to the information necessary for this purpose and is retained only for as long as required for its processing. Any collection, processing and transfer of personal data is carried out in accordance with CMCM's Data Protection Policy.

6. BANK DETAILS FOR REIMBURSEMENT

Account holder

BIC

IBAN account

7. DECLARATION OF HONOUR

I, the undersigned,

hereby certify on my honour that the information provided is accurate and accept that this information will be transmitted by the CMCM to Baloise Assurances Luxembourg SA for the processing of this claim.

Signed at

on

Signature

Claim form to be returned to CMCM, 32-34, rue de Hollerich, L-2971 Luxembourg.