

DECLARATION FORM – CANCELLATION INSURANCE

To be sent by post or mail or fax to :
 Europ Assistance Belgium (Claims Handling)
 172 Triomflaan
 1160 Brussels
 Belgium
claims@europ-assistance.be
 Fax : +32 (0) 2 533 77 76

REMINDER :

- 1/ Following the general conditions of the cancellation policy, Europ Assistance will reimburse the price of the ticket as purchased originally, excluding the part reimbursed by Brussels Airlines such as the airport taxes. For the reimbursement to be done by Brussels Airlines, please submit your request using the form you can find on *brusselsairlines.com > my booking > cancellation & refund requests*.
- 2/ In case of medical reason, the medical questionnaire must be filled in by your doctor.
- 3/ Send this questionnaire, together with the cancellation confirmation from Brussels Airlines and with all written proofs of your reason of cancellation, to our claims handling department, and this within five days after your cancellation.

Name :	Phone :
Address :	E-mail :
Zipcode & City :	Bank account number (IBAN + BIC) :
Country :	
PNR/booking Number :	Departure date :
Booking date :	Return date :
Price of the trip:	Date of cancellation :
Country of destination :	

Describe the reason of cancellation :

Signature :

Date :

You can find all relevant information about the reasons why and the different ways we process your personal data on following this link: <https://www.brusselsairlines.com/en-uk/practical-information/travel-info/my-ticket/travel-insurance/travel-and-luggage-insurance/default.aspx>