

**TRIP CANCELLATION OR TRIP INTERRUPTION / PLANE TICKET CANCELLATION
/ BOOKING CANCELLATION**

Please, complete the present form carefully and send it directly to the address of SIGNAL IDUNA Polska TU S.A. or via the travel office. You are requested to enclose also the following additional documents:

1. Insurance policy (does not apply to the general agreements),
2. Trip participation agreement and trip cancellation or interruption declaration confirmed by the travel agency - applies to the RG/RGS variant,
3. Plane ticket and cancellation declaration confirmed by the travel agency - applies to the RGF-FLY variant,
4. Trip purchase invoices / plane ticket / overnight booking
5. Booking agreement - applied to the RGH variant,

Additionally, depending on the art of claim the following documents shall be provided:

1. Medical documentation incl. the diagnosis,
2. Police report drawn up at the place of accident,
3. Death certificate,
4. Original invoices and payment receipts for the return transport,
5. Confirmation of the travel agency re. the back transport cost acc. to the agreement,
6. Other documents confirming the filed claims,
7. Cancellation of the employment contract,
8. The fixed date of starting work,
9. Summons,
10. Documents confirming the participation in the bone marrow aspiration procedure.

Address:

SIGNAL IDUNA Polska TU S.A.
Zespół Obsługi Roszczeń Turystycznych
ul. Przyokopowa 31, 01-208 Warszawa; Tel. 22 505 61 60

Part A - to be completed by the Insured

1. DATA OF INSURED

Name and surname:

Address: postal code city street house number

Date of birth: telephone number e-mail

Correspondence address:

Do you agree to send the correspondence regarding the notified claim per e-mail or sms? Yes No

2. TYPE OF CLAIM

Trip cancellation Trip interruption
Plane ticket cancellation Booking cancellation

3. INFORMATION ON THE TRIP / PLANE TICKET / BOOKING

Name of the travel agency, hotel, online booking system the trip / plane ticket / booking was purchased in:

Destination country purchased on:

Begin of the trip / date of departure / start date of the hotel staying: End of the trip/ date of return/ end of the staying at the hotel:

Means of transport (for the RG/RGS variant): plane ship bus train other

4. REASONS FOR TRIP CANCELLATION / PLANE TICKET CANCELLATION / BOOKING CANCELLATION

A. Sudden illness death premature delivery property claim personal accident other

B. In the case of personal accidents - by whom caused:

C. Date of the incident caused the trip cancellation/ interruption/ plane ticket cancellation / booking cancellation:
day month year time

D. Date the trip cancellation/ interruption / plane ticket cancellation was reported in written
at the travel agency/internet booking system:
day month year time

E. In the case the trip cancellation/interruption/ plane trip cancellation / booking cancellation was not notified within two days after the incident, please provide the reason:
.....

F. The incident does apply to:?

- The Insured? Yes No Name and surname:
- next of kin who does not participate in the trip? Yes No
Degree of kinship with the participant of the trip/fly/staying at the hotel:
Name and surname date of birth:
Home address:
- The person accompanying the Insured? Yes No
Name and surname: date of birth:
Home address:

DECLARATION

- 1. By signing this claim form, I certify that all information given above is true and complete to the best of my knowledge.
- 2. I consent my personal medical records to be disclosed by the physicians who treat me abroad and in Poland and to be passed the medical documentation including that information through to the physicians working for SIGNAL IDUNA Polska TU S.A
- 3. I consent my personal medical records to be disclosed by the public and non public medical providers as well as the ZUS (The Social Insurance Institution) and to be accessible to the physicians of SIGNAL IDUNA Polska TU S.A.

CLAIMS PAYMENT

The due reimbursement shall be delivered to the following PLN bank account:
No.
Name and the no. of the bank branch:
Name and surname of the bank account owner:

.....
Date and signature of the Insured

Part B - to be completed by the travel agency

- 1. Costs deducted by the travel agency for the trip cancellation/ plane ticket cancellation / booking cancellation amounts toPLN,
which equal% of the trip/ticket / booking price (without telephone, fax, visa and other costs)
- 2. Additional costs of the transport back:PLN
- 3. Not used travel services (for the RGS variant):PLN
- 4. Contact person:
Name and surname Tel