



DECLARATION FORM – CANCELLATION INSURANCE

To simplify your declaration of claim, we developed this form. Only the general terms and conditions are valid in the context of this declaration. Go to www.brusselsairlines.be to download them.

Name : Address : Zip code : City :	Ph : Fax : E-mail
PNR number : Date of reservation of trip : Price of the trip : Destination country : Departure date : Return date :	Date of cancellation/modification: Amount of the cancellation costs after reimbursement from BRUSSELS AIRLINES:

Cross the covered event (see general terms and conditions § 1.B)

- ☐ Unforeseen medical event (a - b - c)
- ☐ Unforeseen professional event (d - e - f)
- ☐ Unforeseen administrative event (g)
- ☐ Unforeseen family event (h - i)
- ☐ Unforeseen material event (j - k)
- ☐ Unforeseen event due to the authorities (l)
- ☐ Other unforeseen event (m)

Reason of transformation/annulation :

Signature :

Date :

If you need to cancel or modify your trip, contact your travel organizer (Brussels Airlines). Send your declaration form afterwards to Europ Assistance at last 5 days after your demand for transformation/cancellation
Fax : +32(0)2.533.77.76 E-mail : claims@europ-assistance.be

ALWAYS :

1/ Contact the [Customer Contact Centre](#) of Brussels Airlines at the number 070 35 16 16 for a declaration and to obtain a proof of your annulation.

2/Go to the BrusselsAirlines website www.brusselsairlines.be.

3/ Download the declaration form in case of annulation.

4/ Complete the declaration form and for medical reasons fill in the medical question form correctly.

5/ Send this form, together with all written proofs, your proof of annulation of Brussels Airlines and your bank account number (IBAN +BIC + name of the beneficiary)as soon as possible to our reimbursement service, and this within the five days after annulation.

Email: claims@europ-assistance.be

Fax: +32 2 533 77 76

Address: Europ Assistance Belgium (claims service), 172 Triomflaan, 1160 Brussels – Belgium

COVERED EVENTS	OTHER NECESSARY DOCUMENTS
a) Illness, accident, death, urgent transplantation of organ (donor or receiver) ■ of the insured; ■ of his/her partner, on condition that he/she resides at the same address as the insured and of any other member of his/her family that normally lives under the same roof, or relatives until the second degree. ■ of the person by whom the insured would have stayed abroad for free. The insurer covers the consequences of a chronic or already existent illness of the insured if the doctor declares that he/she was capable to travel on the moment of reservation of the trip, and on the departure date occurs that the insured is unable to travel and needs a medical treatment.	• Medical question form – completed correctly by your doctor. • Official document that proves the family relation. • Medical attestation, made on the day of reservation of the trip, that declares that the insured is able to travel, disregard his/her illness. • Medical attestation which mentions reason of travel cancellation. • Medical question form – completed correctly by your doctor.
b) If the insured, because of medical reasons, cannot have the necessary vaccination for the planned trip.	• Medical attestation that confirms that the insured cannot have the necessary vaccinations for the trip because of medical reasons.
c) complications or problems during the pregnancy of the insured or one of his relatives until the second degree, also for premature birth at least one month before the planned date.	• Medical attestation that confirms the complication by which the health of the child of the mother is in danger on the departure date.
d) Redundancy, for economic reasons, of the insured and/or of his/her spouse residing at the same address, provided that the redundancy takes place after the start of coverage and after the trip is booked.	• Attestation of the employer with the reason of redundancy.

e) Cancellation by the employer of the previously approved holidays of the insured and/or of his/her spouse because of the need to replace a colleague (who was supposed to replace the insured during his/her trip) due to illness, accident or death of this colleague	• Attestation of the employer with refusal of the approved holidays. • Medical attestation or, when needed, death certificate, for the person who does the replacement at work.
f) Compulsory presence of the insured and/or of his/her spouse, residing at the same address, because of a new employment contract signed after the trip was booked, lasting for a period of at least three consecutive months, provided that this period coincides even partially with the duration of the trip.	• Copy of the new employment contract.
g) Summoning of the insured and/or of his/her spouse residing at the same address: ■ for humanitarian aid or a military mission; ■ as a witness or a member of the jury in a court of law; ■ because of legal procedures by the authorities in the case of the adoption of a child, provided that the insured was not aware of this when the trip was reserved. And for so far the insured didn't know about the summoning at the moment of the booking of the trip.	• Official document that proves the summoning of the insured.
h) An examination which the insured has to re-sit in the period between the departure date and thirty days after the return date and which cannot be postponed. This was not known to the insured when he took out the insurance and when he reserved the trip.	• Attestation of re-examination
i) Divorce, provided that the legal proceedings were initiated in the courts after the trip was booked. An official document must be produced.	• Official document that proves the initiation of the divorce in the courts.
j) Considerable material damage (over EUR 2,500) to the home, second residence or professional premises belonging to or rented by the insured and/or his/her spouse, residing at the same address, which occurred within thirty days before the departure date and was caused by a fire, explosion, water damage or burglary,	• Expert evaluation or receipt that proves the damage to the residence. • Official document that proves that the insured rents or owns the residence.

k) Failure to board as stipulated in the travel contract because of total immobilisation on the date of departure of the private vehicle of the insured and/or of his/her spouse, residing at the same address, as a result of a traffic accident on the way to the place of boarding (airport). The guarantee covers the delay caused by mechanical breakdown of the private vehicle on the date of departure. When the reason causing this immobilisation happened less than one hour before departure, this immobilisation will not be covered by this contract.	• Prove or receipt of the assistance company or breakdown service.
l) Refusal by the authorities of the country of destination to issue a visa for the insured, his/her spouse residing at the same address or a relative up to the second degree.	• Attestation of refusal of visa.
m) Cancellation by a person who is mentioned together with the insured on the travel order form and who is insured under the same contract or covered by another cancellation insurance with Europ Assistance Belgium S.A., with the "Europ Assistance" label, for one of the reasons mentioned above.	• Attestation of cancellation of the other person mentioned on the holiday contract.