

**EIS European Insurance & Services GmbH**  
Scharfe Lanke 109-131

D-13595 Berlin

**Tel. +49 (0)30 214082 20**

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[www.eis-insurance.com](http://www.eis-insurance.com)



Notice of damage:  
**Travel Cancellation  
Expenses Insurance**



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## Notice of damage Travel Cancellation Expenses Insurance

related to policy number: \_\_\_\_\_

Please complete this notice. You can return it by mail or by e-mail to **claim@eis-insurance.com**

Any information and the complete explanation and notes can be found at **www.eis-insurance.com**.

### Policy holder / injuring party

1. Name \_\_\_\_\_ 7. Surname \_\_\_\_\_

2. Street, No. \_\_\_\_\_ 8. Telephone \_\_\_\_\_

3. ZIP Code, City \_\_\_\_\_ 9. Fax \_\_\_\_\_

4. Country \_\_\_\_\_ 10. Mobil \_\_\_\_\_

5. Nationality \_\_\_\_\_ 11. E-Mail \_\_\_\_\_

6. Date of birth \_\_\_\_\_ 12. Profession \_\_\_\_\_

### Person in question, who cannot participate in the charter cruise (as far as not the policy holder)

13. Name \_\_\_\_\_ 19. Surname \_\_\_\_\_

14. Street, No. \_\_\_\_\_ 20. Telephone \_\_\_\_\_

15. ZIP Code, City \_\_\_\_\_ 21. Fax \_\_\_\_\_

16. Country \_\_\_\_\_ 22. Mobil \_\_\_\_\_

17. Nationality \_\_\_\_\_ 23. E-Mail \_\_\_\_\_

18. Date of birth \_\_\_\_\_ 24. Profession \_\_\_\_\_

As far as further persons are concerned by the cancellation please state the same data on a separate sheet and enclose it to this notice.

### Reason for the cancellation

25. Please mention the reason why you cannot participate in the charter cruise:

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**Note:** In case of disease of the concerned person please think of the following information:

- When the disease did occur for the first time?
- Address and contact data of the doctor who performs the treatment.
- Does the person concerned take medicine? If yes, since when and which kind?
- Was the concerned person in medical treatment before the concrete disease? If yes, for which Diagnostic and at which Doctor?
- Please enclose a medical certificate to this notice of damage.

### Measures for reduction of damage

26. Please, hereinafter, mention, as far as only single persons are concerned, the partial costs of the charter cruise cancellation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Travel cancellation expenses

Please, hereinafter, mention, as far as only single persons are concerned, the partial costs of the charter cruise cancellation.

	Name, Surname	Kind of costs	partial charter price
27. Crewmember 1	_____	_____	_____ EUR
28. Crewmember 2	_____	_____	_____ EUR
29. Crewmember 3	_____	_____	_____ EUR
30. Crewmember 4	_____	_____	_____ EUR
31. Crewmember 5	_____	_____	_____ EUR
32. Crewmember 6	_____	_____	_____ EUR
33. Crewmember 7	_____	_____	_____ EUR
34. Crewmember 8	_____	_____	_____ EUR
35. Total costs:			_____ EUR


Please submit the proofs for the costs as, for example, the charter contract and invoice, flight booking and invoice, confirmation of cancellation usw. as well as the proof of payment.

### Please transfer the settlement amount to the following bank account


Please transfer the settlement amount to the following bank account:

36. Account holder \_\_\_\_\_ 38. Bank \_\_\_\_\_


37. IBAN \_\_\_\_\_ 39. BIC \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature 

We, hereby, confirm, that we were not compensated for this claim by another insurance company and that only this insurance policy is valid for the vehicle.

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature 

The jurisdiction obligates us to state that consciously incorrect or incomplete information may lead to a loss of insurance cover even if the insurer does not suffer by a disadvantage because of that.

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature 

### Instruction on the legal consequences of information obligations after the insured event:

Due to the agreed, contractual regulations we can obligate you, after the insured event, to state any information which is necessary to clarify the claim as well as our obligation to perform and to enable us a proper audit of our obligation in this respect as you state any information which are necessary the clarify facts (information obligation).

In this context we can also ask for proofs. Should you refuse to give any or false information contrary to the contractual regulations or if you intentionally do not submit the necessary information or proofs or if you submit them too late this may lead to a complete loss of the insurance benefits. If you grossly negligent violate these obligations this may lead - to the severity of your negligence - to a reduction (even to zero) of the insurance benefits. This is not the case if you can proof that the obligation were not grossly negligent violated.

Despite the violation of you obligation to give - even in time - information, explanations or proofs we, however, remain obliged to perform in so far as you can proof that the breach of contract by intent or gross negligent were neither causal for the determination of the claim nor for the scope of our obligation. This, however, is not valid if the breach of contract was fraudulently induced by you.



European  
Insurance Services

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