Full description of articles (incl. details of damage where applic If money, please state the currency		Original price (please state currency)	Date and place of purchase (please state if not owned by you)	Payment method (e.g. credit card)	Amount claimed (please state currency)
C. Baggage delay claim					
	im to be dealt with promptly, please en th all the necessary claims evidence req			form are fully con	npleted and
Please state the date and time you	arrived at your destination.				
Date:	Time:	Flight number:			
Have you received any payment fro	om your Tour Representative or other so	ource? yes	no		
f yes, please provide full details ab	out the source and the amount involved	i.			
	curtailment claim				
) Medical expenses or trip					
	or trip curtailment claim to be dealt wi				his claim for
n order for your medical expenses are fully completed and returned t	or trip curtailment claim to be dealt wi	sary claims evidence			his claim for
n order for your medical expenses are fully completed and returned t	or trip curtailment claim to be dealt wi o us by post, together with all the neces	sary claims evidence			his claim for
n order for your medical expenses are fully completed and returned to Please tell us the date and place who Date:	or trip curtailment claim to be dealt with our trip curtailment claim to be dealt with our by post, together with all the necesthere the injury was sustained or the illness. Country:	ess was contracted.	required at end of		his claim foi