

Cancellation Claim Notification

Kindly fill in and send to

O.F. Gollcher & Sons Ltd

Mailing Address: P.O. Box 268, Valletta VLT 1000, Office Address: 19 Zachary Street, Valletta VLT 1133

e-mail: claims@gollcher.com, tel: +356 25691500, fax: +356 21234195

Insured	Full Name: _____ Telephone: _____ Address: _____ E-mail.: _____ Postal code/Town: _____ Date of Birth: _____ Policy No: _____
Insurance Period	From: _____ Until: _____
Incident	Travel route: _____ Planned departure: _____ 2011 ____ Time: _____ Planned return: _____ 2011 ____ Time: _____ For cancellation , please explain in detail the reason for your cancellation. (Please note that you are required to enclose documentation for the reason of cancellation e.g. medical certificate, death certificate, confirmation from the employer etc.) _____ _____ _____ _____ _____ _____ _____ _____
	Time and date of the incident: _____ When did you inform the airline that you would not be travelling? _____ 2011 ____ Time.: _____ 2011 ____ Time: _____
	Have you received refund from the airlines? : Yes: ____ No: ____ If yes, amount: _____ Have you been offerd a substitute flight?: Yes: ____ No: ____ For what date and time? _____

