

Claims form for Bankruptcy Insurance

Claim number (leave blank):

All claim applications must include the following:

Invoice of travel arrangements specifying travel dates and price as well as insurance and taxes.

Receipt for paid travel arrangements, if paid by card include copy of the bank transaction.

Other documents, in the original, of importance in assessing the claim.

The insured:
(person who booked)

Name:

Date of birth:

Address:

Zip code:

Town and
country:

E-mail

Mobile number:

Number of travellers on the booking (incl. infants and children):

Airline that went bankrupt:

Flight route affected (entirely or in part):

Departure

Return

Has this claim been filed/will it be filed with other insurer/travel agency/agent or other?

Yes With whom and sum, where applicable:

No

Additional information may be written here or included on a separate sheet:

Bank

BIC:

IBAN:

I hereby declare that all information provided in this claims application is in accordance with the facts. Once compensation has been received I grant Accept Försäkringsaktiebolag the authority to collect all reimbursements from other insurance companies, travel agencies, travel agents, airlines, other carriers and suppliers.

Town:

Date:

Signature:

Send to:

Accept Försäkringsaktiebolag
Box 2068
SE-174 02 Sundbyberg
Sweden

or

info@accept.se

Claims adjustment including payment within 30 days of the insured's having fulfilled these obligations.