

**Notice of Claim for  
Travel Price Insurance  
Troll Tours Reisen GmbH**

**Settlement Office for Travel Insolvencies  
for Zurich Insurance plc. Frankfurt**

**KAERA** Aktiengesellschaft  
Industriestr. 4-6, 61440 Oberursel  
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Claim no. 21.....(only for internal notes)

**Please name the person who booked the trip**

Name, Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode/Place of residence: \_\_\_\_\_

Occupation: \_\_\_\_\_ date of birth: \_\_\_\_\_

Private telephone: \_\_\_\_\_ business telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please enter the names of all trip participants:**

**Name, Surname**

1. \_\_\_\_\_ date of birth: \_\_\_\_\_
2. \_\_\_\_\_ date of birth: \_\_\_\_\_
3. \_\_\_\_\_ date of birth: \_\_\_\_\_
4. \_\_\_\_\_ date of birth: \_\_\_\_\_

**Details of the booked trip:**

The booking was made on: \_\_\_\_/\_\_\_\_/\_\_\_\_/ (Please enter the exact date) Booking no.: \_\_\_\_\_

Travel destination: \_\_\_\_\_

Travel time from: \_\_\_\_/\_\_\_\_/201\_\_ to \_\_\_\_/\_\_\_\_/201\_\_

Travel price per person: \_\_\_\_\_ € Total travel price: \_\_\_\_\_ €

Has travel cancellation insurance been booked?  yes  no

If yes, please name the insurer: \_\_\_\_\_

**Information on the payment of the trip price:**

**Prepayment** made:  yes  no on: \_\_\_\_\_ Amount: \_\_\_\_\_ €

Please submit the relevant proof (account statement) here, thank you.

**Final payment** made:  yes  no on: \_\_\_\_\_ Amount: \_\_\_\_\_ €

Please submit the relevant proof (account statement) here, thank you.

If participants have been requested to pay for certain services already booked (e.g. hotel room, transfer), reimbursement is only possible upon presentation of the invoice and payment receipt.

<u>Type of travel service, e.g. transfer, hotel, etc.)</u>	<u>Date</u>	<u>Cash/Credit Card</u>	<u>Currency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please attach the following original documents to this Notice of Claim:**

- Booking confirmation / invoice of the tour operator
- Proof of payment of the trip price or the prepayment or invoice/receipt of on-site payments
- Insurance Certificate (if available)

**Statement:**

**I expressly assure you that my information is complete and true. I am aware that untrue information leads to the loss of insurance cover.**

Name, Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Place: \_\_\_\_\_

The compensation for all above mentioned participants shall be transferred to the following account:

Account: \_\_\_\_\_

Bank: \_\_\_\_\_

IBAN: \_\_\_\_\_

BIC: \_\_\_\_\_

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature (Name, Surname)

**Declaration of consent of the other travellers under this booking number for payment of the refund to the above account.**

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature (Name, Surname)

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature (Name, Surname)

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature (Name, Surname)

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature (Name, Surname)