



InterRail Pass Loss & Theft Claim form

Name: _____
Address: _____

E-mail address: _____
Phone number: _____ / _____

Order number: IN _____
Date of loss/theft: ____ / ____ / ____ (day/month/year)

Description of loss/theft: _____

Required documentation (checklist):

- obtained police report with clearly marked claim date
- purchased replacement passes/tickets (original hardcopy versions)

You can send the documents by mail to the following address:

ModusLink (KLD)
On behalf of EURAIL
Postbus 501
7300 AM Apeldoorn
The Netherlands

Keep personal copies of all documents.

For the claim terms, please refer to the LTC terms & conditions as specified at www.interrailnet.com/ltcp

InterRail Pass Loss & Theft Coverage Claim form (part of LTC Plan) | version 1.0
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