



Pass Loss & Theft Cover 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 post 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 Pass Loss & Theft Cover terms and conditions as specified at www.interrailnet.com/ltc

Pass Loss & Theft Cover claim form | version 1.0
Document was published on 16/8/2011