



Pass Loss & Theft Coverage claim form

Name: _____

Address: _____

E-mail address: _____

Phone number: _____ / _____

Order number: EU _____

Activation date: ____ / ____ / ____ (day/month/year)

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)
- copy of airline tickets to and from Europe

Keep personal copies of all documents.

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

Eurail.Com Fulfillment Center
1255 N Research Way, Bldg Q
Orem, Utah 84097
USA

For the claim terms, please refer to the Pass Loss & Theft Coverage terms and conditions as specified at www.eurail.com/ltc

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