

Claim Form for Securtix® Flight Default Protection


SECURTIX®

Hahn Air Lines GmbH
An der Trift 65
D-63303 Dreieich
Germany
Tel +49-6103-7331-200
service@hahnair.com
www.hahnair.com

Please complete in full.

1. Passenger name (please include your full name)

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>
		First name(s)	Surname(s)
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street		Street Number	
<input type="text"/>		<input type="text"/>	
Postcode		City	
<input type="text"/>		<input type="text"/>	
Telephone / Mobile		Email	
<input type="text"/>		<input type="text"/>	

2. Bank account details

Who is entitled to receive the insurance benefit?

<input type="checkbox"/> see 1.	or other beneficiary:	<input type="text"/>	<input type="text"/>
		First name	Surname
<input type="text"/>			
Name of Bank			
<input type="text"/>		<input type="text"/>	
IBAN		Swift- / BIC-Code	

**Refund via issuing
Travel Agency**

3. Travel agency and flight booking details:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	6	9	-	Hahn Air Ticket No. (starting with 169-)	
<input type="text"/>			<input type="text"/>		
Travel agency			IATA number / Agency number		
<input type="text"/>			<input type="text"/>		
Insolvent airline			Flight number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of issuance		Date of travel		Ticket total in euros	

4. Please enter all participants whose journey was cancelled, started delayed, interrupted or aborted:

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	169-	<input type="text"/>
		First name / Surname 1. (Travel-)participant	Ticket number	
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	169-	<input type="text"/>
		First name / Surname 2. (Travel-)participant	Ticket number	
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	169-	<input type="text"/>
		First name / Surname 3. (Travel-)participant	Ticket number	

5. Data Protection

We process your personal data in compliance with the EU General Data Protection Regulation (GDPR) as well as other applicable laws. The processing of special categories of personal data – including health data – is subject to special protection. By providing us with health data in connection with your claim, you give us explicit permission to process the health data necessary for processing the claim.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete.

 Place / Date

 Signature (Minors require the signature of a parent or guardian!)

We require the following documents to process the claim:

- Copy of unused Hahn Air HR-169 ticket due to insolvency
- Original of the new flight ticket
- Original receipts for additional costs (hotel, telephone, catering etc.)