



## TICKET REIMBURSEMENT REQUEST FORM

Please ensure all boxes are completed accurately

### Personal details

Surname:	<input type="text"/>	Forename:	<input type="text"/>
Daytime tel no:	<input type="text"/>	Address:	<input type="text"/>
Evening tel no:	<input type="text"/>		
E-mail address:	<input type="text"/>		
		Postcode:	<input type="text"/>

### Event details

Event name:	<input type="text"/>		
Event date:	<input type="text"/>	Date of purchase:	<input type="text"/>
Venue:	<input type="text"/>	Seatwave reference number:	<input type="text"/>

### Reason for reimbursement: *(please tick the appropriate box)*

- Your illness, injury or death
- Death of an immediate family member
- Jury service
- You being required to be home due to fire, accident, burglary, storm or environmental damage
- Breakdown or failure of transport whilst travelling to the event
- Traffic jams causing a delay to your journey of 3 hours or more for which no alternative route is available
- Requirement to attend unforeseen Military Service
- Event being cancelled by artist / performer / promoter

### Supporting documentation required

Doctor's certificate or death certificate, Police / Hospital report if a result of a mugging

Death certificate

Confirmation from the court

Letter from Police, Fire Brigade or Household insurer

Confirmation from the rescue / repair service or public transport provider

Motoring organisation / transport police report

Letter from Commanding Officer

Letter from Event organiser confirming cancellation of Event

\* You must also enclose your unused tickets and a copy of your Seatwave confirmation - no refund will be provided unless we receive the original tickets in a completely unused condition.

### Ticket and payment details

Number of tickets:	<input type="text"/>	Total amount claimed:	£ <input type="text"/>
Price paid per ticket:	£ <input type="text"/>	Cheque to be made payable to (print name):	<input type="text"/>
Refund received:	£ <input type="text"/>		

continued overleaf...

## Declaration

Mondial Assistance (UK) Limited and their agents share information to prevent fraud. It is a criminal offence to make a fraudulent reimbursement request. Cases are investigated and any person suspected of fraud is reported to the police with whom we always co-operate in effecting a prosecution. I/We declare that the information contained within this form is true and correct to the best of my/our belief. I/We assign Mondial Assistance (UK) Limited all rights of recovery/salvage against any person or organisation and will do whatever else is necessary to secure such rights. I/We agree that Mondial Assistance (UK) Limited may contact our GP for more information if they deem it necessary.

Print name:

Signature:

Date:

## ***Send your completed reimbursement form and supporting documentation to:***

Seatwave Reimbursement Department, C/O Mondial Assistance (UK) Limited, PO Box 1900, Croydon  
CR90 9BA.

Tel: 0845 641 9719

Fax: 020 8603 0285

email: [seatwave@mondial-assistance.co.uk](mailto:seatwave@mondial-assistance.co.uk)