



RYANAIR FLIGHT CANCELLATION CONFIRMATION - INSURANCE PURPOSES

Passengers affected by a flight cancellation are required to complete the below form and send to us:

By Fax: +353 1 8121676.

By Post: Customer Service Department, PO Box 11451, Swords, Co Dublin, Ireland.

Upon receipt of your completed form the flight cancellation will be verified and this form will be stamped and sent to you at the below postal address.

BOOKING REFERENCE: _____

NAME OF LEAD INSURED AND POSTAL ADDRESS:

PASSENGER NAMES OF ALL PASSENGERS REQUIRING AN INSURANCE LETTER

CANCELLED FLIGHT NUMBER: FR _____ **DATE:** _____

FROM _____ **TO** _____

SCHEDULED DEPARTURE TIME: _____ **ACTUAL DEPARTURE TIME:** _____

Please tick where applicable

- A) RECEIVED A REFUND
- (B) MADE ALTERNATIVE TRANSPORT ARRANGEMENTS
- (C) TRAVELLED ON THE NEXT AVAILABLE RYANAIR FLIGHT

IF YOU CHOSE OPTION (C) please complete the below:

NEW FLIGHT NUMBER: _____ **DATE:** _____

FROM _____ **TO** _____

IF APPLICABLE - NEW BOOKING REFERENCE _____

(For Ryanair use only)

This is to confirm that the above flight information has been verified by Ryanair and we confirm the data provided is accurate.

Signed and stamped by: _____ Ryanair Customer Service Agent

Date: / /